L24000316952

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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2024 SER I / PM I: I4 ALLAHASSEE, FLORIDA

2024 SEP 17 PM 1:

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Joule Electric |
| SUBJECT: Name of Limited Liability Company |
| |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Macimo Thomas Name of Person |
| Joule Flectoc ILC Firm/Company |
| 155 N Pearl Calce csuy unit # 100 Attanante springs F1, 32714 |
| City/State and Zip Code Dule electric 407@ amail. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Hacimo Thomas at (832) 414 9278 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S25.00 Filing Fee Certificate of Status (additional copy is enclosed) Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| Joule Elect | tric LLC | 1 | | P 17 PM 1: 14 |
|---|---|---|-------------------------|-------------------------|
| (Name of the Limite) | d Liability Compar A Florida Limited L | iv as it now appears on ou iability Company) | ir recorus.) | - |
| | | | TALLAF | ASSEE, FI TIRITA |
| The Articles of Organization for this Limited Lia | ibility Company | were filed on July | 17,7024 | and assigned |
| Florida document number LZL100031645 | 52 | | | |
| This amendment is submitted to amend the follo | wing: | | | |
| A. If amending name, enter the new name of | the limited liabi | lity company here: | | |
| The new name must be distinguishable and contain the we | ords "Limited Liabili | ty Company," the designat | ion "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applica | ible: | | | |
| (Principal office address MUST BE A STREET | T ADDRESS) | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE E | <u>80X)</u> | <u></u> | | |
| | | | | |
| B. If amending the registered agent and/or re | egistered office a | ddress on our record | s, <u>enter the nam</u> | e of the new registered |
| agent and/or the new registered office address | | | | |
| Name of New Registered Agent: | | | | |
| | | | | |
| New Registered Office Address: | | Enter Florida stre | eet address | |
| | | | , Florida | |
| | | Ciţy | | Zip Code |
| | | | | |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|----------------------------------|----------------|
| MGR | Kacino Thomas | 155 N Pearl Lake Comy Unit # 100 | 🗗 Add |
| | | 155 N Pearl Lake Comy Unit # 100 | □Remove |
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|--|---|---------------------------|--|--------------------|---------------------------|
| Sand Ortiz (Femile) will Agent Kacine Thomas is | MGR/Princip | il (Male) | | | |
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| Tective date, if other than the date of filin an effective date is listed, the date must be specific and ote: If the date inserted in this block does not rocument's effective date on the Department of S | d cannot be prior to d meet the applicable | late of filing or more th | (option an 90 days after fiuirements, this c | ling.) Pursuant to | o 605.0207 : listed as |
| record specifies a delayed effective date, but not is filed. | | | | | after the |
| Sandi OS Signature of a | | | | | |
| aica | | | | | |