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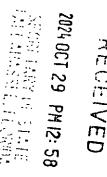
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT [MAIL
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Special Instructions to	Filing Officer.	
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COVER LETTER

	egistration Se ivision of Cor				
CHD IF CT		ANICAL SERVICES LLC			
SUBJECT	*	Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	m all correspo	ndence concerning this matter	to the following:		
		ABREU, KAREN			
		·	Name of Person		
		EK MECHANICAL SERV	VICES LLC		
	Firm/Company				
	1010 RIFLECREST AVE				
			Address		
	VALRICO, FL 33594				
	City/State and Zip Code				
		EKMECHANICALSERVI	CES@GMAIL.COM to be used for future annual report	notification)	
For further	r information o	concerning this matter, please o	·	ionication)	
ABREU 1	KAREN		813 647 5229 at ()		
	Name o	of Person	Area Code Da	ytime Telephone Number	
Enclosed i	is a check for t	he following amount:			
■ \$ 25.00	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
· · · · · · · · · · · · · · · · · · ·	lailing Addres	_	Street Address Registration	Section	
	ivision of C .O. Box 632	-		Corporations of Tallahassee	
	allahassee, I			nroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EK MECHANICAL SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records,)

(A Civilda L	Sinned Diabinty Company)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on 09/05/	2024 and assigned
Florida document number	_'	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here	:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		7024 3.1
	<u> </u>	OCT RET.
Enter new mailing address, if applicable:		172
•		.10 _ [7]
(Mailing address MAY BE A POST OFFICE BOX)		
		2)25 ••
D. Marrian distriction of the state of the s	~	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	onice address on our reco	ros, enter the name of the new register
Name of New Registered Agent:		
	•	
New Registered Office Address:	Enter Florida	street address
	Since Fromat Sirect address	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	·	гр слае
I hereby accept the appointment as registered agent are provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my ent as provided for in Cha	duties, and I am familiar with and opter 605, F.S. Or, if this document is
	If Changing Registered Agent	Signature of New Registered Agent

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
AMBR	SAMUELL ESTELA	24621 SW 112 CT HOMESTEAD, FL. 33032	□Add
•			□Remove
			🗏 Change
			🗆 Add
			□ Remove
			🗆 Change
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Mective date, if other than to an effective date is listed, the date is Note: If the date inserted in this locument's effective date on the	block does not m	icet the applicab	date of filing or more le statutory filing r	(option than 90 days after fil equirements, this d	al) ing.) Pursuant to 605.0207 (ate will not be listed as t
record specifies a delayed effect is filed.	tive date, but not	an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
October 21	,	2024	.•		
			. 1		

Filing Fee: \$25.00