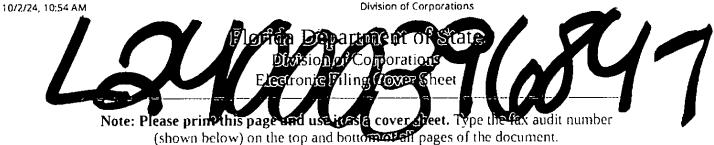
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for Otur annual report mailings. Enter only one email address please

Email	Add	ress	:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DNA ELECTRICAL L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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To: 18506176383

Page: 2/4

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DNA ELECTRICAL L.L.C.		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Haability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 09/11/24 and assign	ed
Florida document number L24000396847		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	- 30 2	
	WILL TO	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
	S 4 3	<i>.</i>
B. If amending the registered agent and/or registered office		raict
agent and/or the new registered office address here:	address of our records, effect the fiame of the new re	<u>-giat</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, FloridaZip Code	

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 Changing Registered Agent, Signature of New Registered Agent

10/2/2024 08.03:35 PDT · To: 18506176383 Page: 3/4 Fax. 8134365206

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	Derek Hanners	7901 4th St N STE 300	∑Add
		St. Petersburg, FL 33702	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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			Change
			□Add
			□Remove
			□Change

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		·
		
ffective date, if other than the an effective date is listed, the date is listed. The date inscreed in this ocument's effective date on the	ne date of filing: must be specific and cannot be prior to date of filing or reblock does not meet the applicable statutory filing Department of State's records.	(optional) nore than 90 days after filing.) Pursuant to 605,0207 ng requirements, this date will not be listed as
record specifies a delayed effect is filed.	ive date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
eated 10/02	2024	
Nat	Signature of a member or authorized representative	e of a member
	angularies of a memory of abitiotized representative	COLO INCIDIO
Nat Smith		