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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

Registration Section

Division of Corporations

TO:

| ELETROF. | ELO LLC | | |
|--|--|--|---|
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | indence concerning this matter | to the following: | |
| | Andres F Mazzora | | |
| | _ | Name of Person | |
| | ELETROFELO LLC | | |
| | - | Firm/Company | |
| | 2028 ARUBA COURT | | |
| | | Address | |
| | KISSIMMEE, FL 34741 | | |
| | | City/State and Zip Code | |
| | felomazo36@gmail.com | | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| or further information c | oncerning this matter, please c | all: | |
| Andres F Mazzora | | 908 900-7112 | |
| Name o | f Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration S Division of C P.O. Box 632 | Section Corporations | Street Address: Registration Se Division of Cor The Centre of T | porations |
| Tallahassee, l | | · - · | e Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| OF | ٠. | 0:10 |
|---|-------------------|----------------|
| ELETROFELO LLC | (- | <u>0</u> |
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | | = : |
| The Articles of Organization for this Limited Liability Company were filed on | St: and as | ssigned ငှာ |
| Florida document number L24000424749 | | . |

This amendment is submitted to amend the following:

| ELECTROFELO LLC | |
|---|---|
| he new name must be distinguishable and contain the words "Li | imited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADD | DRESS) |
| | |
| | |
| nter new mailing address, if applicable: | |
| | |
| Mailing address MAY BE A POST OFFICE BOX) | |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | red office address on our records, enter the name of the new regist |
| 3. If amending the registered agent and/or register | red office address on our records, enter the name of the new regist |
| s. If amending the registered agent and/or register | red office address on our records, enter the name of the new regist |
| . If amending the registered agent and/or register gent and/or the new registered office address here | red office address on our records, enter the name of the new regist |

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.

City

Zip Code

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 |
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| te: If the date inserted in this block | ate of filing: | (optional) nore than 90 days after filing.) Pursuant to 605.02 g requirements, this date will not be listed |
| ument's effective date on the Department of the | date, but not an effective time, at 12:01 a.m. | on the earlier of: (b) The 90th day after the |
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