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#### **COVER LETTER**

Division of Co	rporations		
Roubert El	ectric LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Efrain Roubert Nieves		
		Name of Person	
		Firm/Company	<del></del>
	7732 Sue Ellen Dr		
		Address	
	Port Richey, FL 34668		
		City/State and Zip Code	
	eroubert@roubertelectriclle	c.com	
	E-mail address:	to be used for future annual report	notification)
For further information c	oncerning this matter, please c	all:	
Efrain Roubert Nieves		727 326-863	6
Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed is a check for th	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	<u>s:</u>	Street Addres	s:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Roubert Electric LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 05/12/2025 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number \_\_L25000223574 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_

#### 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.

Cin

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
MGR	Efrain Roubert Nieves	7732 Sue Ellen Dr	
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Effective date, if other than the If an effective date is listed, the date many Note: If the date inserted in this bedocument's effective date on the I	ist be specific and block does not r	d cannot be prior t meet the applica	to date of filing o	more than 90 day	(optional) s after filing.) Pun ts, this date will	suant to 605.0207 ( not be listed as t
e record specifies a delayed effecti rd is filed.	ve date, but not	t an effective tin	ne, at 12:01 a.n	n. on the earlier	of: (b) The 90t	h day after the
Dated		, 2025				
	Signature of					
	signature of a r	memoer or author	rized representati	ve of a member		

Filing Fee: \$25.00