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(((H25000051169 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : API PROCESSING Account Number : I20110000069 Phone : (954)567-0013 Fax Number : (954)567-3401

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

Email Address: annette @ apiprocessing. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MG ELECTRICAL SOLUTIONS LLC

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Registration Section

TO:

COVER LETTER

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Division of Co	rporations		
	TRICAL SOLUTIONS LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	Annette Mota		
	· ·	Name of Person	
	API Processing - Licensing,	, Inc.	
	, , , , , , , , , , , , , , , , , , , 	Firm/Company	
	3419 Galt Ocean Drive Suit	e A	
		Address	
	Fort Lauderdale FL 33308		
	annette@apiprocessing.com	City/State and Zip Code	
		be used for future annual report	notification)
For further information of	concerning this matter, please cal	1:	
Annotto Mota		954 567-0013	3 x 12
Name o	of Person	Area Code Day	nime Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Piling Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MG ELECTRICAL SOLUTIONS LLC		
(Name of the Limited Limited Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L25000006882	were filed on 01/03/2025	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	llity Company," the designation "LLC" or the abb	reviation "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. It amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the 1997 registers
Name of New Registered Agent:		
New Registered Office Address:	Finier Florida street address	
	, Florida	9m w
	City	Zip Code

New Registered Agent's Signature, it 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.

Page 40f5 H25000051169 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>	Name	Address	Type of Action
AMBR	MARGARITO R CAPOTE	5843 SW 17TH STREET	□Add
		MIAMI FL 33155	≅Remove
			□Chango
			□Add
			□Remove
			□ Change
•			□Add
		·	□Remove
			□Change
		 	
		□Remove	
			□ Change
			
		Remove	
			☐ Change
	-		bbA⊡
			□Rcmove
			Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	
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(if na off <u>Note:</u>	ive date, if other than the date of filing: (optional) ective date, if other than the date of filing: (optional) ective date is listed, the date must be specific and connot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ont's effective date on the Department of State's records.
If the recor record is fil	d specifies a delayed offective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	02/10/2025
	Signature of a member or withoused representative of a member
	· · · · · · · · · · · · · · · · · · ·
	JORGE E GARCIA Typed or printed name of signee