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2025 FEB -3 PH 4: 37

SECRETABLE FLORIDA

2025 FEB -3 PH 4: 43 STALLAHASSEE, FL

STAN



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Steel City Electric OF FL LLC Kame of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark B Thompson Name of Person
Steel City Electric Of FL LLC Firm/Company
28 Douglas Drive
Towaco, NJ 07082 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mark Thompson at (973) 722-6669 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Steel City Electric Of FL LLC 2025 FFB 3 PH 4: 43 Name of the Limited Liability Company as it now appears on our records. (A Piorida Limited Liability Company) (A Piorida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 01/14/2025: Hand assured Establish Company were filed on 01/14/2025: Hand assured Estab
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:
A. If amending name, enter the new mission. The new name must be distinguishable and contain the words "Limited Limited Company." the designation "LLC" or the abbreviation "LLC."
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: Mark R Thompson New Registered Office Address: 11065 Gatewood Drive Enter Florida street address
New Registered Office Address: Florida Super Florida Su
Standard of changing Registered Agent:
New Resistered Agent, Signature, it suggests and agree to act in this capacity. I further agree to comply with the 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and provisions of my duties, and I am familiar with and provisions of my duties, and I am familiar with and provisions of my duties, and I am familiar with and provisions of my duties, and I am familiar with and provisions of my duties, and I am familiar with and provisions of my duties, and I am familiar with and provisions of my duties, and I am familiar with and provisions of my duties, and I am familiar with and provisions of my duties, and I am familiar with and provisions of my duties, and I am familiar with and provisions of my duties, and I am familiar with and I am familiar with and provisions of my duties, and I am familiar with and provisions of my duties, and I am familiar with and I am familiar with and provisions of my duties, and I am familiar with and provisions of my duties, and I am familiar with and I am familiar with and I am familiar with and I am fami

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
			\ \ \ \
			⊡Change
			LAdd
			Remove
			Change
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			⊡Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe ote:	ce date, if other than the date of filing:
record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
ated _	February 03 /, \$025 //
	Jelak Wast
	- wyling ///w// M
	Signature of atmember or authorized depresentative of a member

Filing Fee: \$25.00