## L13000014148

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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO:           | Registration Se<br>Division of Cor |  |   |   |
|---------------|------------------------------------|--|---|---|
| CLIDA         | Ç.                                 | JRV S  | ervices LLC   |   |
| SUBJ          | EC1:                               | Name of Lim                                  | ited Liability Company  |   |
| The er        | nclosed Articles of                | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please        | return all correspo                | ndence concerning this matter                | to the following:   |   |
|               |                                    |  | Jose Ventura  |   |
|               |                                    |  | Name of Person  |   |
|               |                                    | J  | RV Services LLC   |   |
|               |                                    |  | Firm/Company  |   |
|               |                                    | 226 1  | N Nova RD Suite 345   |   |
|               |                                    |  | Address   |   |
|               |                                    | Ormo   | ond Beach FL 32174  |   |
|               |                                    |  | City/State and Zip Code   |   |
|               |                                    |  | tura2011@yahoo.com to be used for future annual report notifi       | ention)   |
| For fu        | rther information c                | oncerning this matter, please ca             | ·   | cation)   |
|               | Jose Ve                            | ntura  | 347 969-7504<br>Area Code Daytime                                   |   |
|               | Name o                             | f Person                                     | Area Code Daytime   | Telephone Number  |
| Enclos        | sed is a check for th              | ne following amount:                         |   |   |
| □ <b>\$</b> 2 | 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

11-17-14

I, Jose Ventura, ouver ap FAGT FOWER Splestons COUP-#P14000014234 Want to use the GAME Name at LLC and D.

Jose Vertuo

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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SECKETARY OF STATE TALLAHASSEE, FLORIDA

|  | JRV Serv                             |  |                                   |   |
|--|--------------------------------------|--|-----------------------------------|---|
| (Name of the Lin   | nited Liability Co<br>(A Florida Lim | mpany as it now appea<br>ited Liability Company) | ars on our records.               | *************************************** |
| The Articles of Organization for this Limited Florida document number L13000074148   |                                      | oany were filed on _                             | 05/21/2013                        | and assigned                            |
| his amendment is submitted to amend the fo   | llowing:                             |  |                                   |   |
| A. If amending name, <u>enter the new name</u>   | of the limited                       | liability company h                              | <u>iere</u> :                     |   |
| Fast Power Solutions LLC   |                                      |  |                                   |   |
| The new name must be distinguishable and end with the  | ne words "Limited                    | Liability Company," the                          | e designation "LLC" or the        | abbreviation "L.L.C."                   |
| Enter new principal offices address, if appl   | icable:                              | N/A  |                                   |   |
| Principal office address MUST BE A STRE  | ET ADDRESS                           | <u> </u>   |                                   |   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  The state of t | E BOX)                               | N/A  |                                   |   |
| B. If amending the registered agent an registered agent and/or the new registered  Name of New Registered Agent:   |                                      |  | n our records, <u>ente</u>        | the name of the                         |
|  | NI/A                                 |  |                                   |   |
| New Registered Office Address:   | N/A                                  |  |                                   |   |
| New Registered Office Address:   | N/A                                  | Enter Flo  | orida street address              |   |
| New Registered Office Address:   | N/A                                  | Enter Flo  | orida street address<br>, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

| MGR = M $AMBR = A$ | anager<br>uthorized Member |                     |                |
|--------------------|----------------------------|---------------------|----------------|
| <u>Title</u>       | Name                       | Address             | Type of Action |
| AMBR               | Sergio Velazquez           | 708 Jefferson St    | Add            |
|                    |                            | New Smyrna FL 32168 | Remove         |
| AMBR               | Luz Ventura                | 22 Wheeling Lane    | Add            |
|                    |                            | Palm Coast FL 32164 | □ Remove       |
|                    |                            |                     |                |
|                    |                            |                     | Add            |
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| modere date must be specific, curnot be prior                         | to date of receipt of fried date and carnot be more than | (optional)<br>n 90 days after |
| date this document is filed by the Florida Depa                       | to date of receipt of fried date and carnot be more than |                               |
| date this document is filed by the Florida Depa                       | rtment of State)   |                               |
| e date this document is filed by the Florida Department   November 17 | rtment of State)   | n 90 days after               |

Page 3 of 3

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