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11600 Ninth Street North
St. Petersburg, FL 33716
727.210.0492
powerdesigninc.us

LETTER OF TRANSMITTAL

Project:	Power Design Mission Critical, LLC	Date:	February 10, 2014
To:	Florida Dept. of State	From:	Shelly Field
Address:	Division of Corporations, Clifton Building, 2661 Executive Center Circle, Tallahassee, FL 32301, (850) 245-6052		

We are sending you:

- ☐ Letter ☐ Prints ☐ Shop Drawings ☐ Specifications
☐ Submittals ☐ Change Order ☒ Other:

# of Copies:	Date:	Description:
1		Check in the amount of \$60.00
1		Cover Letter
1		Amendment to Articles of Organization of Power Design Mission Critical, LLC

These are TRANSMITTED as checked below:

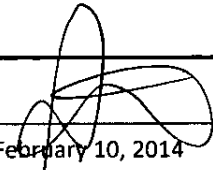
- ☐ For approval ☐ Returned for corrections ☐ For your use
☒ As requested ☐ For review and comment ☐ Other: _____

Remarks:

Should you require anything else, please do not hesitate to contact me. Thank you.

Sincerely,

Shelly Field
(727) 497-2364
sfield@powerdesigninc.us

Print Name:	Shelly Field	Signed:	
		Date:	February 10, 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Power Design Mission Critical, LLC
Name 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:

Shelly Field

Name of Person

Power Design, Inc.

Firm/Company

11600 Ninth Street North

Address

St. Petersburg, FL 33716

City/State and Zip Code

sfield@powerdesigninc.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelly Field

Name of Person

727 497-2364

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

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

Power Design Mission Critical, LLC

(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 7/30/2013 and assigned
Florida document number L13000108284.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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: N/A

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**
City Zip Code

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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR/VP	Lauren Permuy	11600 Ninth Street North	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33716	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

ST. PETERSBURG
FL 33716
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DATE
TIME
ST. PETERSBURG
FL 33716

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

MGRM is currently listed as Power Designs, Inc. Please
list as Power Design, Inc. Thank you.

E. Effective date, if other than the date of filing: N/A (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 3 2014



Signature of a member or authorized representative of a member

David Redden

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA