(FAX)

P.001/004

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Division of Corporations

Florida Department of State Divisiop of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ELO ENTERPRISES, INC

Account Number : I20150000109 : (561)544-8862 Phone Fax Number : (934)697-0130

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

sales@eloenterprises.us

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN P.O TRADING, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 01 |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| P.O TRADING, LLC | | · |
|--|--|-------------------------|
| (Name of the Limited L | y as it now appears on our records.) iability Company) | |
| The Articles of Organization for this Limited Liability Company v | | and assigned |
| | | |
| Florida document number L14000113337 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liable | lity company here: | |
| EngTech Solar, LLC. | | <u> </u> |
| The new name must be distinguishable and contain the words "Limited Liabili | ity Company," the designation "LLC" or the ab | breviation "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 a agent and/or the new registered office address here: | iddress on our records, enter the nam | e of the new registered |
| agent and/or the new registered office address nove. | | 2022 |
| Name of New Registered Agent: | | :- ⊆ , |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Florida | Zip Coxx |
| | • | 19 |
| New Registered Agent's Signature, if changing Registered Agent: | | Ψ. |

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = M $AMBR = A$ | anager uthorized Member | | |
|---|----------------------------|---------|----------------|
| Title | <u>Name</u> | Address | Type of Action |
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| affective date is listed the date | must be specific and cannot be | e prior to date of filir | ig or more than 90 d | ays after filing.) Pursu | ant to 605.02 |
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| | Signature of a member of | w Julhorized rentese | plative of a membe | Ţ | |

Typed or printed name of signee