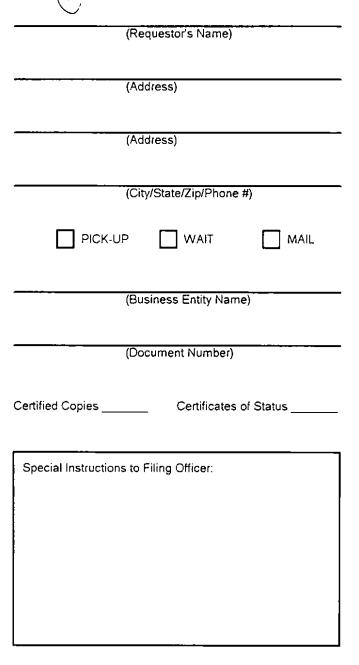
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COVER LETTER

TO:

| TO: Registration So Division of Cor | | • | | | | |
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| | E CARE PRODUCTS LLC | | | | | |
| SUBJECT: | | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | | |
| | RODOLFO PEDRO PERTICAROLI | | | | | |
| | | Name of Person | | | | |
| | MANAGER | | | | | |
| | | Firm/Company | | | | |
| | 3500 MYSTIC POINTE I | DR 1708 | | | | |
| | | Address | | | | |
| | AVENTURA, FLORIDA | 33180 | | | | |
| | | City/State and Zip Code | | | | |
| | rodolfoperticaroli@gmail.c | | | | | |
| For further information c | e-man address: (| to be used for future annual report not all; | itication) | | | |
| RODOLFO PERTICAROLI | | 1 7867123951 | | | | |
| Name of Person | | Area Code Daytin | ne Telephone Number | | | |
| Enclosed is a check for the | ne following amount: | | | | | |
| ■ \$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, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| Mailing Address: | | Street Address: | | | | |
| Registration Section Division of Corporations | | Registration Se Division of Co | | | | |
| P.O. Box 632 | P.O. Box 6327 | | The Centre of Tallahassee | | | |
| Tallahassee, FL 32314 | | 2415 N. Monro | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTENSIVE CARE PRODUCTS 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 $\frac{02/25/2015}{1}$ _ and assigned Florida document number $\stackrel{\text{L.}15000034840}{=}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RENTAL POWER TOOLS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "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 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

., Florida ___

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 |
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| (If an ef Note: | flective date, if other than the date of filing: flective date is listed, the date must be specific and cannot be prior If the date inserted in this block does not meet the application of the date on the Department of State's records | (optional) r to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (2 cable statutory filing requirements, this date will not be listed as the |
| he recor | | ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Datad | DECEMBER 26 2023 | |
| Dated | ' | |

Typed or printed name of signee