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COVER LETTER

Registration Section Division of Corporations

TO:

	POWER GENERATION LLC						
SUBJECT:	Name of L	imited Liability Company					
The enclosed Article	es of Amendment and fee(s) are s	ubmitted for filing.					
Please return all corr	respondence concerning this matt	er to the following:					
		CRISTIAN MARQUEZ					
		Name of Person	· · · · · · · · · · · · · · · · · · ·				
		Firm/Company					
	;	25.0					
Address							
	1	PEMBROKE PINES, FL 33025					
		City/State and Zip Code CJM69825@GMAIL.COM		· · · · · · · · · · · · · · · · · · ·			
	E-mail address	s: (to be used for future annual report not	tification)	آن ا			
For further informati	ion concerning this matter, please	call:					
CRISTIAN MARQ	UE Z	786 812-9882					
Na	ime of Person		ne Telephone Number	_			
Enclosed is a check	for the following amount:						
□ \$25.00 Filing Fe	ee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Certificate of Certified Copy (additional copy)	f Status & oy			
Re Di	AILING ADDRESS: gistration Section vision of Corporations	STREET/COUR Registration Section Division of Corpo	on				
	O. Box 6327 Ilahassee, FL 32314	Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUN POWER GENERATION LLC	•				
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appeared Liability Company)	urs on our records.)	1		
he Articles of Organization for this Limited Liability Compa	ny were filed on _	03/07/2016		and as	ssigned
lorida document number <u>L16000046752</u> .					
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company h	iere:			
PINES ENERGY SOLUTIONS LLC					
he new name must be distinguishable and contain the words "Limited Lic	ability Company." the	designation "LLC" of	or the ab	breviation "I	L.L.C."
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS)					
			-	دع	
					- 1
inter new mailing address, if applicable:				2	•
•				<u>۔۔۔۔</u>	-
Mailing address MAY BE A POST OFFICE BOX)					
				1	
	CC 1.1	,			6 .1
 If amending the registered agent and/or registered egistered agent and/or the new registered office address h 		n our recoras,	enter_	<u>ine name</u>	or tne
	-				
Name of New Registered Agent:					
Name of New Neglitered Figure.					
New Registered Office Address:	Europ El	orida street address			
	Enter 1 to	нии месе шаагсях			
		, Flori	ida		
	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 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>	Name	Address	Type of Action
			☐ Add
			Remove
			☐ Change
			Add
			Remove
			Change
			Add
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			Remove Change
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			04/01/2019	ı					
n effective date is te: If the date i	other than the date listed, the date must be s inserted in this block of ive date on the Depart	pecific and cloes not me	annot be prior et the applic	able statute	ing or more the ry filing requ	n 90 days a	ptiona fler filit this da	ig.) Pursua	un to 605.0 it be listed
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ted	APRIL 22		2019						
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	Sion	ature of m	ember or auth	orized repres	entative of a m	ember		<u> </u>	
	JiE.		or moun						

Page 3 of 3

Filing Fee: \$25.00