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SECRETARY OF STATE

D. SCOTT 0CT 1 8 2016

## **COVER LETTER**

	Registration Sec Division of Corp				
SUB IEC		er Systems LLC			
SUBJEC	-I: <u> </u>	Name of Limi	ted Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	nitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		James E Webb IV			
			Name of Person	<del></del>	
			Firm/Company		
	2768 Cypress Drive, Apt. C Address				
		Clearwater, FL 33763		SECTION OF THE	
		webbempire@gmail.com	City/State and Zip Code		
		E-mail address: (	to be used for future annual report notific		
For furth	her information c	oncerning this matter, please ca	all:	9.50	
James E	Earl Webb IV		727 262-3188 at ( )	夏帝 6	
<u> </u>	Name o	f Person		Celephone Number	
Enclose	d is a check for the	he 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)	
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Driven Power Systems LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	ompany were filed on <u>06/02/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		er the hame of the new
New Registered Office Address:	Enter Florida street address	9 50 50
	, 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 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
MGR	Maverick L Gaddy	5119 28th Ave S.	<b>⊒</b> Add
	•	Gulfport, FL 33707	☐ Remove
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			Change
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Note: I	ve date, if other than ective date is listed, the date If the date inserted in the ent's effective date on the	is block does no	t meet the appli	cable statutory fi	or more than 90 days a ling requirements,	otional) fler filing.) Pursuant to 60 this date will not be lis	5.0207 ted as
ne rece The	ord specifies a dela 90th day after the	ayed effective record is file	e date, but n d.	ot an effective	e time, at 12:0	1 a.m. on the earl	ier of:
Dated (	October 12,		2016				
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	(/ Y			horized representat			
		Signature of	f a member or aut	horized representat	ive of a member		

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Filing Fee: \$25.00