L17 600607182

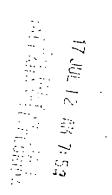
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COVER LETTER

TO: Registration Set Division of Co.			
	R SOLUTIONS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspondence	ondence concerning this matter	to the following:	
	MILAGROS GARCIA		
		Name of Person	
		Firm/Company	
	10025 NW 116TH WAY S	STE 17	
		Address	
	MEDLEY, FL 33178		
		City/State and Zip Code	
	milly@fsicargo.com E-mail address: (to be used for future annual report not	fication)
For further information of	concerning this matter, please ea	all:	
MILLY GARCIA		305 477-4752	
Name (of Person	at ()	e Telephone Number
Enclosed is a check for t	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)

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

RI POWER SOLUTIONS LLC			
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now : da Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability lorida document number <u>L17000007182</u>	Company were filed o	on <u>01/09/2017</u>	and assigned
This amendment is submitted to amend the following:			
a. If amending name, enter the new name of the lin	nited liability compa	ny here:	
he new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)		<u> </u>
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered agent and/or the new registered office ad		ss on our records, <u>e</u>	nter the name of the
			<u> </u>
Name of New Registered Agent:			
New Registered Office Address:	r	er Florida street address	57. (5
	Ent		
	City	, Floric	la Zip Code
New Registered Agent's Signature, if changing Register	·		
I hereby accent the appointment as registered agen		Alta con to I.C. who	and a

If Changing Registered Agent, Signature of New Registered Agent

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	REAL, RAINIER JR	8579 NW 110TH AVE	Add
	_	DORAL, FL 33178	■ Remove
			☐ Change
MGR	DUBEN, ALEJANDRO E.	14050 BISCAYNE BLVD # 1017	= Add
	***************************************	MIAMI, FL 33181	☐ Remove
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			D Add
			☐ Remove
			☐ Change

	
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	3.
Effective date, if other than the date of filling: _	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605
	not be prior to date of filing or more than 90 days after filing.) Pursuant to 605 the applicable statutory filing requirements, this date will not be liste
document's effective date on the Department of State	
ne record specifies a delayed effective date	e, but not an effective time, at 12:01 a.m. on the earlie
The 90th day after the record is filed.	
Dated	017

Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00