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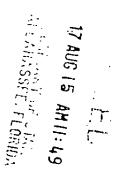
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COVER LETTER

TO: Registration Division of	on Section Corporations	
	DENERGY SOLUTIONS II, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all corr	respondence concerning this matter to the following:	
	CODY WELCH	
	Name of Person	
	RAPID ENERGY SOLUTIONS II. LLC	
	Firm/Company	
	1634 SE 47TH ST, UNTI 12	
	Address	
-	CAPE CORAL, FL 33904	
	City/State and Zip Code	
	FESPOSITOCRE@GMAIL.COM	
	E-mail address: (to be used for future annual report notification)	
For further informat	ion concerning this matter, please call:	
CODY WELCH	239 673-7372 at ()	
Ne	ame of Person Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:	
\$25.00 Filing Fe	ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy	f Status & - py

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

RAPID ENERGY SOLUTIONS II. LLC

(Name of the Limited Liability Company as it now appears on our records.)

\ <u></u>	(A Florida Limited Liability Company)	,
The Articles of Organization for this Limited L Florida document number L17000136529	22/2017 and assigned	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company he	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the c	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	/or registered office address or	our records, enter the name of the new
Name of New Registered Agent:	CODY WELCH	<u> </u>
New Registered Office Address:	1634 SE 47TH ST. UNIT 12	
	Enter Flo	rida street address
	CAPE CORAL	Florida 33904 Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as registere	ed agent and agree to act in this	capacity. I further agree to comply with the

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. Thereby 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>	<u>Address</u>	Type of Action
MGR	PINNACLE MANAGEMENT SOLUTIONS, LLC	1800 MARINA CIR.	□ Add
		N. FT. MYERS, FL 33903	Remove
			□ Change
MGR	CODY WELCH	1634 SE 47TH ST. UNIT 12	XAdd
		CAPE CORAL, FL 33904	Remove
			Change
-			Remove
			□ Change
			Add
			Remove Change Change Add Add Add Change
			COR Demove
			Change
			Add
			□ Remove
			☐ Change

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00