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COVER LETTER

Division of Cor				
	DRIVEN SOLUTIONS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The employed Amiological	Amendment and fee(s) are sub	mittad for filing		
Please return all correspo	ondence concerning this matter	to the following:		
	PEGGY S LOBDELL			
		Name of Person	· 	44
	POWER DRIVEN SOLU	ITIONS LLC		
		Firm/Company		····
	1469 S SCHOOL AVE			
		Address		
	SARASOTA FL 34239			
	LODDELL @DOWEDDBL	City/State and Zip Cod	le	
	LOBDELL@POWERDRI	to be used for future annu	al report notific	ration)
For further information of	concerning this matter, please c		•	
PEGGY SUE LOBDE			266-6355	
<u></u>		at () _ Area Code		Telephone Number
Name (of Person	Area Code	payume	rerephone 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 tadditional copy is o		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ANG ADDRESS:	Registr	ET/COURIE	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POWER DRIVEN SOLUTIONS LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records Limited Liability Company)	<u></u>)
The Articles of Organization for this Limited Liability Co Florida document number L18000205399	ompany were filed on AUGUST 28, 20	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 "Limit	ited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		18 SE
(Principal office address MUST BE A STREET ADDR	RESS)	SEP -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SORTORATION
B. If amending the registered agent and/or regist registered agent and/or the new registered office adding the new registered office adding the new registered Agent:		, enter the name of the new
N D 1 100 All		
New Registered Office Address:	Enter Florida street address	Y
	Flo	orida
	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>	<u>Address</u>	Type of Action
AMBR	BRIAN E LOBDELL SR	1469 S SCHOOL AVE SARASOTA, FL 34239	_ 🛱 A J d
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an effective date is listed, the iote: If the date inserted	e date must be specific an in this block does not	d cannot be prior to meet the applicat	date of filing or male statutory filing	ore than 90 days aft ; requirements, tl	ter filing.) Pursuar his date will not	it to 605.02 be listed
ocument's effective date	on the Department of	State's records.				
e record specifies a	delayed effective	date, but not	an effective t	me. at 12:01	a.m. on the	earlier
The 90th day after	the record is filed					
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· · · · · · · · · · · · · · · · · · ·	Signature of &	Intember or author	ized representative	of a member		

Page 3 of 3

Filing Fee: \$25.00