## L1900000 7855

(Req	uestor's Name)	
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(City	/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: RM Power Solutions Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Moly Ochiltree Name of Person	
RM Power Solu	+10NS
1245 Kings Way La	Ne The State of Th
Tarpon Springs FL City'State and Zip Co	
Mochiltree e hotor E-mail address: (to be used for future ann	
For further information concerning this matter, please call:	¥
Molly Ochiltree at (727) Name of Person Area Code	HO3-650 S  Daytime Telephone Number
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fe Certificate of Status □ \$55.00 Filing Fee Certified Copy is	Certificate of Status &

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

RM Powwer Solutions, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability C	Company were filed on January 7, 2019	and assigned
Florida document number L19000007855	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
RM Power Solutions, LLC		
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	PFCC)	<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TALLE SIN
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, <u>c</u> ress <u>here</u> :	enter the name of the
Name (No. 1)		
Name of New Registered Agent:		<u> 1422 - 12</u>
New Registered Office Address:		
	Enter Florida street address	
***	Floric	
	City	Zip Code

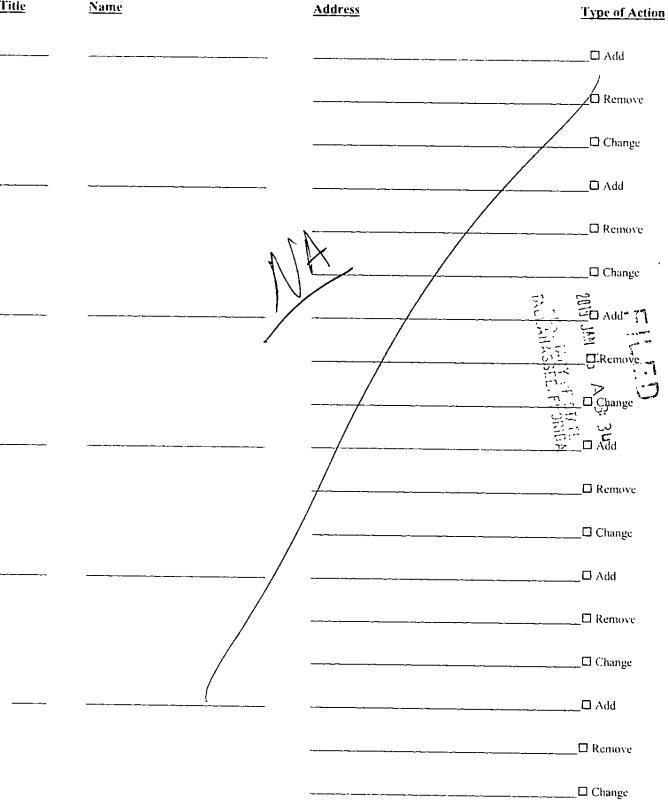
## New Registered Agent's Signature, if changing Registered Agent:

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 = AMBR =	Manager Authorized	Membe
<u>Title</u>	Name	



	<i>j</i>
	<u> </u>
	1
	7.1
January 7, 2019	
ctive date, if other than the date of filing.	(antional)
effective date is listed, the date must be specific and cannot be prior to date of filing  Fig. If the date inserted in this block does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to 605.0 filing requirements, this date will not be listed
iment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effecti	ve time, at 12:01 a.m. on the earlier
ne 90th day after the record is filed.	,
January 13, 2019	
- folly Och !!	tative of a member

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Filing Fee: \$25.00