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C. GOLDEN NOV 2 7 2019

COVER LETTER

Division of Co	orporations	•	
STANDB SUBJECT:	Y GENERATOR SOLUITONS	S	
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	Wiffiam Groehmal		
		Name of Person	
	STANDBY GENERATOR	R SOLUITONS	
		Firm/Company	
	14407 75TH LN N	, ,	
		Address	
	LOXAHATCHEE, FL 33-	17()	
	ROBBY13.RG@GMAIL.C	City/State and Zip Code COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
William Grochmal		561 718-0569 at()	
Name c	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

STANDBY GENERATOR SOLUITONS "LLC"

2819 OCT 28 PH 1: 12

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on OCTOBER 7, 2019 __ and assigned Florida document number L19000252643 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: STANDBY GENERATOR SOLUTIONS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 umending 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
			
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			Change
			Add
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effective date is listed, the date in te: If the date inserted in this	ust be specific and cannot be prior to dat block does not meet the applicable s	e of filing or more than 90 days a tatutory filing requirements,	ther filing.) Pursuant to 605.02 this date will not be listed a
	Department of State's records.		
record specifies a delay he 90th day after the re	ed effective date, but not an ecord is filed.	effective time, at 12:0	1 a.m. on the earlier
OCTOBER 23	2019		
	William / home	,1/	
	Signature of a member or authorized	W/	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00