## 120000023157

| (Requestor's Name)                      |
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Amend

MAR 3 1 2020 I ALBRITTON

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

| GMPOWE SUBJECT:  | R GEN LLC  |   |  |
|--|--|---|--|
| SUBJECT.   | Name of Lin                                      | ited Liability Company  | <del></del>  |
| The enclosed Articles of   | Amendment and fee(s) are sub                     | omitted for filing.   |  |
| Please return all correspo   | ondence concerning this matter                   | to the following:   |  |
|  | Bassam Binni                                     |   |  |
|  | •  | Name of Person  |  |
|  | GMPOWER GEN LLC                                  |   |  |
|  | <del>-                                    </del> | Firm/Company  | <del></del>  |
|  | 7890 Peters Road Suite G                         | 05  |  |
|  |  | Address   | <del></del>  |
|  | Plantation, Florida 33324                        |   |  |
|  |  | City/State and Zip Code   |  |
|  | sales@gmpowergen.com                             |   |  |
|  | E-mail address: (                                | to be used for future annual report not                             | tification)  |
| For further information of   | concerning this matter, please c                 | all:  |  |
| Bassam Binni   |  | 954 900.5188<br>at ( )  |  |
| Name o   | of Person  | Area Code Daytin  | ne 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 S Division of C P.O. Box 632 Tallahassee, | Section<br>Corporations<br>27                    | Street Address: Registration Se Division of Co The Centre of        | rporations   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | City  |                               | Zip Code            |
|---|---|-------------------------------|---------------------|
|   | t.mer t tortaa  | , Florida                     |                     |
| New Registered Office Address:  | Entar Elizable  | street address                |                     |
| Name of New Registered Agent:   |   | <del>_</del>                  |                     |
| agent annor the new registered office address   | s nere:   |                               |                     |
| B. If amending the registered agent and/or reagent and/or the new registered office address |   | ords, <u>enter the name o</u> | of the new register |
|   |   |                               | 26                  |
| ,   |   |                               | S E                 |
| (Mailing address MAY BE A POST OFFICE I   | BOX)  | · 1                           | - m                 |
| Enter new mailing address, if applicable:   |   | <u> </u>                      | <del>-</del> -      |
|   |   | 7-                            |                     |
| (Principal office address MUST BE A STREE   | T ADDRESS)  | 3-63                          | 201                 |
| Enter new principal offices address, if applica   |   |                               |                     |
| The new name must be distinguishable and contain the we                                     |   | gnation "LLC" or the abbre    | eviation "L.L.C."   |
| A. If amending name, enter the new name of  | the limited liability company here  | :                             |                     |
| This amendment is submitted to amend the following  | owing:  |                               |                     |
| Florida document number L20000023157  | ·   |                               |                     |
| The Articles of Organization for this Limited Li-   | ability Company were filed on Janua   | ry 16, 2020                   | _ and assigned      |
| \   | ed Liability Company as it now appears of (A Florida Limited Liability Company) | ,                             |                     |
| GMPOWER GEN LLC (Name of the Limite   | ed Liability Company as it now appears o  | on our records.)              |                     |

## 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name   | Address                     | Type of Action |
|--------------|--|-----------------------------|----------------|
| MGR          | Bassam Binni                                     | 7890 Peters Road Suite G105 | ■Add           |
|              |  | Plantation, Florida 33324   | □Remove        |
|              |  |                             |                |
|              | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> |                             | □Add           |
|              |  |                             | □Remove        |
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|              | <del></del>                                      |                             | □ Add          |
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|  | must be specific and is block does not r | d cannot be prior to<br>meet the applical | date of filing or more<br>ble statutory filing re | (optional<br>than 90 days after filin<br>quirements, this dat | g.) Pursuant to 605.0207 ( |
| f an effective date is listed, the date  Note: If the date inserted in the   | ie Department of §                       | state s records.                          |   |   |                            |
| f an effective date is listed, the date Note: If the date inserted in the document's effective date on the record specifies a delayed effective date of the record specifies a delayed effective date. | ie Department of S                       |   | ne, at 12:01 a.m. on t                            | he earlier of: (b) T  | he 90th day after the      |
| f an effective date is listed, the date Note: If the date inserted in the document's effective date on the record specifies a delayed effect is filed.  March 9  | ie Department of S                       |   | ne, at 12:01 a.m. on t                            | he earlier of: (b) T  | he 90th day after the      |
| f an effective date is listed, the date Note: If the date inserted in the document's effective date on the record specifies a delayed effect is filed.  March 9  | ie Department of S                       | t an effective tim                        | ne, at 12:01 a.m. on t                            | he earlier of: (b) T  | he 90th day after the      |
| Effective date, if other than if an effective date is listed, the date Note: If the date inserted in the document's effective date on the record specifies a delayed efford is filed.  March 9  Dated  | ective date, but not                     | t an effective tim                        | ne, at 12:01 a.m. on t                            |   | he 90th day after the      |