Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000375341 3)))



H240003753413ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D & L CLEAN POWER SOLUTION'S L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY NOV 1 2 2024 # P. F. C

company has been notified in writing of this change.

H24000375341 3

## Docusign Envelope ID: 98C15975-847E-4848-A1DC-54393BDF112E ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLE	ES OF ORGANIZATION		
	OF E		
D&L Clean Power Solution's L.L.C.			
(Name of the Limited Liab) (A Flori	OF  Company were filed on 4/21/2021 and assigned.		
	4012001		
The Articles of Organization for this Limited Liability	Company were filed on 4/21/2021 and assigned		
Florida document number L21000186105	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
SpartanX LLC			
	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."		
•			
Enter new principal offices address, if applicable:			
<u>(Principal office address MUST BE A STREET ADD</u>	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register	red office address on our records, enter the name of the new regist		
agent and/or the new registered office address here:			
Name of New Registered Agent:			
Nau Pagistared Office Address:			
New Registered Office Address:	Enter Florida street address		
	177 - 11.		
	, Florida		
New Registered Agent's Signature, if changing Register	City Zip Code		

If Changing Registered Agent, Signature of New Registered Agent

H24000375341 3

Docusign Envelope ID: 98C15975-847E-4848-A1DC-54393BDF112E
11 amending Authorized rerson(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>	Name	Address	Type of Action
MGR	Brian Schonbeck	3506 Bolide Street, Sebring, FL 33872	🖹 Add
			□Remove
			□Change
AMBR	Brian Schonbeck	3506 Bolide Street, Schring, FL 33872	<b>_ =</b> Add
			□Remove
			□Change
			□Add
			COREMOVE PH
		<del></del>	□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

Docustgn Envelope ID: 98C15975-847E-4848-A1DC-54393BDF112E

H24000375341 3

				_
			\$ €.	100 NOV 12 PM 5: 01
			FO	_
-			300	2
_				2
		<del></del>		الم الم
_	<del></del>			
_				<del></del>
		·		
_				
				_
_	-		<del></del>	_
		<del></del>		_
ffective	ive date, if other than the date of filing:		(optional)	
an offection	ective date is listed, the date must be specific and cannot be prior to date.  If the date inserted in this block does not meet the applicable sti	of filing or more than 90 da	ys after filing.) Pursuant to 6	605.0207 (3)(b) isted as the
locumen	ent's effective date on the Department of State's records.			
	d specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlie	r of: (b) The 90th day at	fter the
	ea.			
d is filed	11/8/2024			
d is filed	11/8/2024			
e record : rd is filed Dated	11/8/2024	conscipulity of a member		

H24000375341 3

Filing Fee: \$25.00