LZ1000455028

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





300378623043

FALLAR SUCH & LORION

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

ATE 12/29/2021	_		<i>⇔WALK 1</i>
NTITY NAME RPS E	nergy & Industrial Techr	iology Solutions LLC	***************************************
NIIII WAME			
DOCUMENT NUMBER			
	PLEASE FILE THE	ATTACHED AND RETURN	
xxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts & Certificate of Good Standi		
	APOSTILLE' / NO	TARIAL CERTIFICATION	
COUNTRY OF DESTINA	1710N		
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$25		ACCOUNT #: I20160000072	>
		5 R 7/10	
DO TO TO	the alone is too be	y issues or concerns. Thank you so	

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

<u>FIRST</u>	<u>[</u> : The na	me of the limited liability company is: RPS Energy	& Industrial Technology Solutions LL	<u>C</u>			
		The Florida Document number of the limited liab					
THIR	_	Document to be corrected is:					
	(0	CHECK THE APPROPRIATE BOX AND COM	MPLETE THE APPLICABLE STA	TEMENT			
⊡		Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
	The inc	The incorrect statement: Effective date is January 10, 2022					
	Effecti	Effective date should be January 03, 2022					
	Please	Please change the effective date to January 03, 2022					
	<u>OR</u>						
0	Was de as folle	efectively signed. The manner in which the documous:	ent was defectively signed and the ap				
				2021 DE			
	-						
				<u> </u>			
	<u>OR</u>			9. 17			
2	The ele	ectronic transmission of the record was defective.					
		cila De Oliveira Cardozo	12/28/202	1			
		Signature of Authorized Representative	Date				
		w registered agent, if applicable :(NOTE: if corrects; signation).	ting the registered agent, the new reg	istered agent must sign			
I hereb provisi obligat reflect	y accept ons of al tions of n	Agent's Signature, if changing Registered Agent: the appointment as registered agent and agree to a listatutes relative to the proper and complete perform position as registered agent as provided for in Confirm in the registered office address. I hereby confirm	act in this capacity. I further agree to ormance of my duties, and I am famili Thapter 605, F.S. Or, if this document	ar with and accept the is being filed to merely			
Registered Agent's Signature							
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)				

CD21062 (0/1