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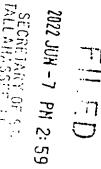
| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
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| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| J. HORNE AUG 1 y 2022 | | | |
| AUG 1 y 2022 | | | |

Office Use Only



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COVER LETTER

TO:

Registration Section

| Div | ision of Cor | porations | • | |
|--------------------|------------------------------|--|---|--|
| CHAICAT. | Power Deli | very Products, LLC | | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| | | | | |
| The enclosed | l Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | Jow Ortiz | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 483 NW 107 ave | | |
| | | | Address | |
| | | Coral Springs, Florida 330 | 17 | |
| | | Jow_ortiz@yahoo.com | City/State and Zip Code | - |
| | | E-mail address: (| to be used for future annual report no | otification) |
| For further in | iformation c | oncerning this matter, please ca | all: | |
| Jow Ortiz | | | 305 525-3156 at () | |
| | Name o | f Person | at () Area Code Dayti | me Telephone Number |
| Enclosed is a | check for th | ne following amount: | | |
| ■ \$25.00 F | 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) |
| | iling Addres gistration S | | Street Address: Registration S | ection |
| , | _ | orporations | Division of Co | orporations |
| |). Box 632 | | The Centre of | |
| t al | lahassee, I | *し 32314 | 2415 N. Monr | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FII ED

2022 JUH - 7 PM 2:59

SECRETARY OF STALLAHASSETTED

Power Delivery Products, LLC

(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 Comp | pany were filed on April 20, | 2022 and assig | gned |
|--|----------------------------------|-----------------------------------|----------------|
| Florida document number L22000178900 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | | | |
| Tow ORTIZ BASSOCIAT | ec, LLC | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designat | on "LLC" or the abbreviation "L.L | .C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRES. | <u>S)</u> | . | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | fice address on our records | , enter the name of the new | registered |
| agent anu/or the new registered office address here. | | | |
| Name of New Registered Agent: | | | |
| Name of New Registered Agein. | | | |
| New Registered Office Address: | Enter Florida stre | u addrace | |
| | ENTER FINANCE SIVE | | |
| | City | Florida Zip Code | |
| New Registered Agent's Signature, if changing Registered Ag | • | 2 4 5 | |
| | | | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp | | | |
| accept the obligations of my position as registered agent | t as provided for in Chapte | r 605, F.S. Or, if this docum | nent is |
| being filed to merely reflect a change in the registered of company has been notified in writing of this change. | ffice address, I hereby con | 'irm that the limited liability | r ^z |
| company has neen 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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--------------------------|----------------|
| Mgr | Scott Holey | 201 SW 9 AVE #5 | |
| | | FORT LAUDERDALE FL 33312 | Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
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| ted: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. cecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. ted May 9 2022 Signature of a member or authorized representative of a member | | | | | |
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| Typed or printed name of signee | Jow Ortiz | | | | |

Filing Fee: \$25.00