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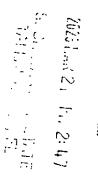
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COVER LETTER

TO: Registration S Division of Co			
	ECTRIC EV & SOLAR, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The anglocad Articles of	f Amendment and fee(s) are sub	amitted for filing	
Please return an corresp	oondence concerning this matter	to the following:	
	Elad Shabtai		
	<u></u>	Name of Person	
	Fuse Electric EV & Solar,	LLC	
		Firm/Company	
	2950 N.E 188th Street #10	93	
		Address	
	Aventura, FL 33180		·
		City/State and Zip Code	5
	elad@evchargerus.com	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	•	
Elad Shabtai	toneening this matter, prease o	305 9241374	<u></u>
· .	of Person	at ()	Telephone Number
Nume	011 013011	Aud Code Dayline	Telephone Pulliber
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addro Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Tore 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUSE ELECTRIC EV & SOLAR, 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 Company were filed on $\frac{04/27/2022}{1}$ _ and assigned Florida document number 1.22000200915 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 flew registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

, Florida

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>	Name	<u>Address</u>	Type of Action
AMBR	DAYAN, SAGI	3370 NE 190TH STREET #1602	□Add
		AVENTURA, FL 33180	Remove
			□Change
AMBR	MARCO, ZEEV	21605 Casa Monte Ct	≣Add
		Boca Raton, FL 33433	
			□Change
			□ FAdd □ Remove
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ective date, if other than the n effective date is listed, the date mute: If the date inserted in this becoment's effective date on the E	ist be specific and o lock does not me	cannot be prior t eet the applica	o date of filing	or more than 90 filing requirer	(option days after finents, this	nal) iling.) Purs date will i	uant to 64 not be li	05.020 sted a:
cord specifies a delayed effections filed.	ve date, but not a	an effective tin	ne. at 12:01 a	.m. on the ear	lier of: (b)	The 90t	h day af	ter the
ed March, 15		2023						
ted	_		_ ·					

Typed or printed name of signee