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PICK-UP WAIT MAIL
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SECRETARY GE STATE



COVER LETTER

Tallahassee, FL 32314

	egistration S ivision of Co			
SUBJECT	•	R SOLUTIONS LLC		
SOURCE	•	Name of Li	mited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please retur	rn all correspo	ondence concerning this matte	r to the following:	
		JULIO MATOS SANCH	EZ	
			Name of Person	
			Firm/Company	
		2740 NE 175TH ST		
		<u> </u>	Address	
		MIAMI GARDEN, FL 33	027	
		NANNY@CPAOFMIAMI	City/State and Zip Code	
		E-mail address:	to be used for future annual report not	iffication)
For further i	nformation co	oncerning this matter, please c	all:	
JULIO MA	TOS SANCH	EZ	786 757-1685	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is :	a check for the	e following amount:		
□ \$25.00 I	Filing fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	Sound Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg	iling Address gistration Se	ection	<u>Street Address:</u> Registration Sec	ction
Div P <i>C</i>	rision of Co). Box 6327	orporations	Division of Cor	
	1500 0527		The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LJ POWER SOLUTIONS LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on JUNE 30, 2022	and assigned
Florida document number L22000295390		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
LP POWER SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2740 NW 175TH ST	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI GARDEN, FL 33027	
		
Enter new mailing address, if applicable:	2740 NW 175TH ST	SECRETALLA
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI GARDEN, FL 33027	HR -2
		000 P
		Thus I
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the negregistered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	City	Zip Code

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
-			🗆 Add
			□Remove
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			□Remove
			□Change
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			□Change

Effective date, if other than the date of filing: AUGUST 1, 2022 Optional										<u> </u>		
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Filing Fee: \$25.00