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A. BUTLER
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COVER LETTER

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Registration Section

Division of Co	orporations		
RAYKET	ELECTRIC LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The one hazad Articles o	of Amendment and fee(s) are sub	amittad for filing	
		-	
Picase re um alt comes;	ondence concerning this matter	to the following:	
	FELIX CEPEDA		
		Name of Person	
	RAYKE ELECTRIC LLC		
		Firm-Company	
	6222 OAK CLUSTER CII	₹	
		Address	
	TAMPA, FL 33634		
		City/State and Zip Code	
	raykepowersolutions@gma		
		to be used for future annual report notif	leation)
or further information	concerning this matter, please c	all:	
FELIX CEPEDA		813 917-3791	
Name	of Person	at () Area Code Daytime	Telephone Number
nnelosed is a check for	the following amount:		
量 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addra Registration Division of O P.O. Box 63 Fallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

RAYKE ELECTRIC LLC

FI ED (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 $\frac{08/11/2022}{08/11/2022}$ Florida document number L22000353525 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RAYKE POWER SOLUTIONS LLC The new name most 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office 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.

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
			□Add
			[]Remove
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record s lis tiled	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
ited	08-22-2022	
	Signature of a member or authorized representative of a member	
	Telix Cepecici Typed or printed name of signee	