## 2200 357 283

| (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: |
|                                         |
|                                         |
|                                         |
|                                         |

Office Use Only



200406290142

51 (8124--610)4--109 \*\*25.00

5/25/23 VIN

- 1

## **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

| SUBJECT: BASEWEI                | IGHT LLC                                                                   |                                                                     |                                                                                            |
|---------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| JODGE 11.                       |                                                                            | nited Liability Company                                             |                                                                                            |
| The enclosed Articles of        | Amendment and fee(s) are sub                                               | omitted for filing.                                                 |                                                                                            |
| Please return all correspo      | ondence concerning this matter                                             | to the following:                                                   |                                                                                            |
|                                 | Thomas West                                                                |                                                                     |                                                                                            |
|                                 |                                                                            | Name of Person                                                      |                                                                                            |
|                                 | BASEWEIGHT LLC                                                             |                                                                     |                                                                                            |
|                                 |                                                                            | Firm/Company                                                        | ·                                                                                          |
|                                 | PO BOX 70 <b>84</b>                                                        |                                                                     |                                                                                            |
|                                 |                                                                            | Address                                                             | <del></del>                                                                                |
|                                 | Winter Haven                                                               |                                                                     |                                                                                            |
|                                 |                                                                            | City/State and Zip Code                                             |                                                                                            |
|                                 | hi@backatbase.com                                                          |                                                                     |                                                                                            |
| For further information c       | E-mail address: (<br>concerning this matter, please c                      | to be used for future annual report noti<br>all:                    | fication)                                                                                  |
|                                 |                                                                            |                                                                     |                                                                                            |
| Thomas West                     | West at (863 ) 999-4733  Name of Person Area Code Daytime Telephone Number |                                                                     |                                                                                            |
| (Valle o                        | 11 1 615011                                                                | Alea Code Dayuin                                                    | e reiephone rumber                                                                         |
| Enclosed is a check for the     | he following amount:                                                       |                                                                     |                                                                                            |
| ■ \$25.00 Filing Fee            | ☐ \$30.00 Filing Fee &<br>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 Addres                  |                                                                            | Street Address:                                                     |                                                                                            |
| Registration S<br>Division of C |                                                                            | Registration Sec<br>Division of Cor                                 |                                                                                            |
| P.O. Box 632                    | -                                                                          | The Centre of T                                                     | -                                                                                          |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa                                     |                                                              |                         |                |               |
|--------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------|----------------|---------------|
| (A rionda Limiteo                                                        | any as it now appears on our records.)<br>Liability Company) |                         |                |               |
| The Articles of Organization for this Limited Liability Company          | were filed on 08/15/2022                                     |                         | and as         | signed        |
| lorida document number L22000357283                                      |                                                              |                         |                |               |
| his amendment is submitted to amend the following:                       |                                                              |                         |                |               |
| a. If amending name, enter the new name of the limited liab              | ollity company here:                                         |                         |                |               |
| ATOM OFF-GRID LLC                                                        |                                                              |                         |                |               |
| he new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" or the                 | ie abbrev               | iation "L      | L.C."         |
| Enter new principal offices address, if applicable:                      |                                                              |                         | <del>-</del> - |               |
| Principal office address MUST BE A STREET ADDRESS)                       |                                                              |                         | 202            |               |
|                                                                          |                                                              | :                       | 3<br>A-        |               |
|                                                                          |                                                              | • •                     | 70             |               |
| Inter new mailing address, if applicable:                                |                                                              | \$\langle \frac{\pi}{2} | 0              | <br>          |
| Mailing address MAY BE A POST OFFICE BOX)                                |                                                              |                         |                | <del></del> 4 |
| Musing usuress MAT BE AT OST OFFICE DOAY                                 |                                                              | -1-1                    | <u> </u>       | <u> </u>      |
|                                                                          |                                                              |                         | =              |               |

## 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 |
|---------------|-------------|---------|----------------|
| <del></del> - |             |         | □ Add          |
|               |             |         | □Remove        |
|               |             |         | ☐ Change       |
|               |             |         | □Add           |
|               |             |         | □Remove        |
|               |             |         |                |
| <del></del>   |             |         | □Add           |
|               |             |         | □ Remove       |
|               |             |         | □Change        |
| ·             |             |         | □Add           |
|               |             |         | □ Remove       |
|               |             |         | □Change        |
|               |             |         | □Add           |
|               |             |         | □Remove        |
|               |             |         | □Change        |
| <del>.</del>  |             |         |                |
|               |             |         | □ Remove       |
|               |             |         | □ Change       |

| -                        |                                                                                                                                                                                                                                                                                                                                                                                                    | _          |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
|                          |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| _                        |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| -                        |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| -                        |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| -                        |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| -                        |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| -                        |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| -                        |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| -                        |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| _                        |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| -                        |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| _                        |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| _                        |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| _                        |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| _                        |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| an effe<br><u>ote:</u> I | re date, if other than the date of filing: Prell 1, 2023 (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records. | 020<br>d a |
| ecord<br>is file         | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.                                                                                                                                                                                                                                                                          | the        |
| ited <u>/</u>            | pril, <b>23</b> 5 , 2023                                                                                                                                                                                                                                                                                                                                                                           |            |
|                          | Signature of a member or authorized representative of a member                                                                                                                                                                                                                                                                                                                                     |            |
|                          | Signature of a member of authorized representative of a member                                                                                                                                                                                                                                                                                                                                     |            |