L22000473197

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12/08/22--01006--017 **25.00

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Legacy Power Solutions, LLC Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Shane M. Nolan Name of Person	
Name of Person	
Legacy Power Solutions	
	_
9338 Ida St. Address	2022 SEC
Address	ALL DEC
Jacksonville FL 32220	9022 DEC -8 SECRETAR TALLAHA
Jacksonville, FL 32220 City/State and Zip Code	
	PH 2: 50
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	m 0,
Pari McLicaig at (904) 571-9177 Name of Person Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	e of Status &
Mailing Address: Street Address:	
Registration Section Registration Section	
Division of Corporations Division of Corporations The Course of Tallaha man	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 81	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legacy Power So	lutions, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Dability Company))
The Articles of Organization for this Limited Liability Company Florida document number <u>L-22 000 473197</u> .	were filed on $11-3-22$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		,- <u></u>
(Principal office address MUST BE A STREET ADDRESS)		
		2 D
Enter new mailing address, if applicable:		φ <u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
		
		56 56
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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 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

Title	<u>Name</u>	Address	Type of Action
VP_	Richard C. Rewis	5984 Highway 185	LAdd
		Saint George, GA 31562	□Remove
	Change VP to Ric From Shane M. A	chard C. Rewis Volan	(D change
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			□Remove
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			□Remove
			□Change
			□Add
			□Remove
			Change

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Filing Fee: \$25.00