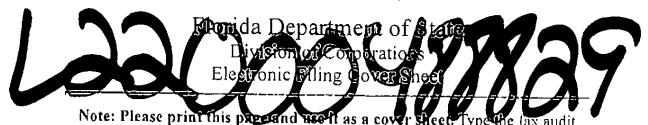
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Division of Corporations



number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

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ے.From:

- :01 in:

Account Name: TRIPP SCOTT, P.A. Account Number: 075350000065 Phone: (954)525-7500

Fax Number : (954)761-8475

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emali Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAX PRODUCTION PV SERVICES, LLC

Certificate of Status	0
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Page Count	43
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Max Production PV Services, LLC	
(Name of the Limited Linbilli (A Florida	ly Company as It now papears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number 1.22000488829	ompany were filed on November 15, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	tel liability company here:
PV Work, LLC	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	17. 22
	EC
	doffice 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:	<u></u>
New Registered Office Address	
THE TAX POSTER AND TOTAL VIOLENCE OF THE PROPERTY OF THE PROPE	Enter Florida street address
	, Florida
	Clty Zin Coda

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 fundiar 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	Name	Address	Type of Action
			Remove
			I Change
			
		-	T. Remove
			T Change
		A. A	
			\ \ \ \ _ _ \tage
			Remove
			☐ Change
			- Change

D. It amending any other informa	hon, enter change(s) here	e: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the officer of the date must Note: If the date inserted in this blo document's effective date on the De	ick does not meet the applicat	(optional) to date of filing or more than 90 days after filing.) Pursuant to 60 able statutory filing requirements, this date will not be lis	5.0207 (3)(1 tod as the
If the record specifies a delayed effective record is filed.	date, but not an effective thr	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
Dated	2022	·	
_ agl	2000 Signature of a member or author	rized representative of a member	
Allse O'Brien, Manager			
	Typed or printed	d name of signee	

Filing Fee: \$25,00