

L23000146257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

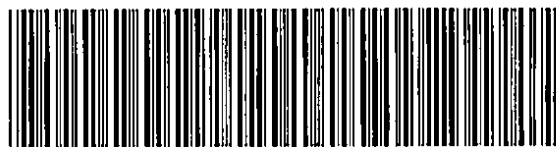
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200408456442

05/15/23--01012--016 \*\*25.00

2023 MAY 15 PM 11:37  
FILE

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Generatore Solutions LLC

\_\_\_\_\_  
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:

Michael Oliver

\_\_\_\_\_  
Name of Person

Generator Solutions LLC

\_\_\_\_\_  
Firm/Company

13573 NW 8th RD

\_\_\_\_\_  
Address

Newberry FL 32669

\_\_\_\_\_  
City/State and Zip Code

moliver.services@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Oliver

352-

339-4099

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

RECEIVED 15 FEB 11 37

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Generator Solutions LLC

(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 03/22/2023 and assigned  
Florida document number L23000146257.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must 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)**

13573 NW 8th RD

Newberry FL 32669

**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:

Michael Oliver

New Registered Office Address:

13573 NW 8th RD

*Enter Florida street address*

Newberry

*City*

Florida 32669

*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>      | <u>Address</u>                            | <u>Type of Action</u>                      |
|--------------|------------------|---|--|
| MGR          | Michael S Oliver | 13573 NW 8th RD, Newberry FL 32669        | <input checked="" type="checkbox"/> Add    |
|              |                  |   | <input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Change            |
| MGR          | Lisa M Blum      |   | <input type="checkbox"/> Add               |
|              |                  | 20613 NW 190th Ave, High Springs FL 32643 | <input checked="" type="checkbox"/> Remove |
|              |                  |   | <input type="checkbox"/> Change            |
| Title AP     | Louis R Hardy    |   | <input type="checkbox"/> Add               |
|              |                  | 4317 SW Wacahoota RD, Micanopy FL 32667   | <input checked="" type="checkbox"/> Remove |
|              |                  |   | <input type="checkbox"/> Change            |
| R Agent      | Lisa M Blum      |   | <input type="checkbox"/> Add               |
|              |                  | 20613 NW 190th Ave, High Springs FL 32643 | <input checked="" type="checkbox"/> Remove |
|              |                  |   | <input type="checkbox"/> Change            |
| R Agnet      | Michael S Oliver | 13573 NW 8th Rd, Newberry FL 32669        | <input checked="" type="checkbox"/> Add    |
|              |                  |   | <input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Change            |
|              |                  |   | <input type="checkbox"/> Add               |
|              |                  |   | <input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Change            |

20613 NW 190th Ave, High Springs FL 32643

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: 05/10/2023 (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 10th 2023

Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

Michael S Oliver

Typed or printed name of signee

37