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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| SUBJECT: \(\times\) \(\frac{1}{\infty}\) | Name of Lim | Equipment (L) | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| r tease return an correspo | nachee concerning and maker | to the rolle wing. | |
| | Daniel | Acosta Mirabal Name of Person | |
| | | Firm/Company | |
| | 11800 SW | 190 st | e- 3 |
| | | Address | |
| | Hiami. | FL 33177 | |
| | | City/State and Zip Code | |
| | Steelpower | FL 33177 City/State and Zip Code - equipment@gmail.cu to be used for future annual report-hotification) | COT 19 MINING |
| | E-mail address: () | to be used for future annual report-notification) | |
| For further information co | oncerning this matter, please ca | all: | |
| Shakira 1 | Hivabal | at (726) 231-466 | 9 |
| Name o | f Person | Area Code Daytime Telephone | Number |
| Enclosed is a check for th | ne following amount: | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | Certified Copy C (additional copy is enclosed) C | io.00 Filing Fee, dertificate of Status & dertified Copy additional copy is enclosed) |
| Mailing Address | | Street Address: Registration Section | |
| Registration S Division of C | | Division of Corporations | |
| P.O. Box 632 | .7 | The Centre of Tallahasse | e |
| Tallahassee, I | FL 32314 | 2415 N. Monroe Street, S | Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Steel Power | Equipment LLC |
|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | Equipment LCC ny as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company | were filed on and assigned |
| Florida document number | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | ility company here: |
| <i>₩</i> . <i>A</i> . | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 10525 SW 186 St |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| Enter new mailing address, if applicable: | 11800 sw 190 st Higmi, FL 33177 |
| (Mailing address MAY BE A POST OFFICE BOX) | Hiami, F2 33177 |
| | |
| B. If amending the registered agent and/or registered office a | address on our records, enter the name of the new registered |
| agent and/or the new registered office address here: | 202 |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | Florida = = |
| | City Zip Code |
| New Degistered Agent's Signature if changing Registered Agent- | 1', ** |

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

| <u>Title</u> | Name | Address | Type of Action |
|--------------|----------------------|-----------------|----------------|
| MGR | Jorge Luis Mirabal | 11800 SW 190 St | <u>i</u> XAdd |
| | | Miami, FL 33177 | □Remove |
| | | | □Change |
| HGR | Shakiva Mivabal | 11200 SW 190 St | £ X ^dd |
| | | Miami, FL 33177 | □Remove |
| | | | □Change |
| 1GR | Carlos Francisco | 11800 SW 190 S+ | X Add |
| | Rodviguez Jimenez | Hiami, FL 33177 | \ _Remove |
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| fective date, if other than the d | ne specific and cannot b | e prior to date of this applicable statutor | ng or more than 90 da y filing requiremen | (optional) ays after filing.) ats, this date v | Pursuant to 60 will not be lis | 05.0207 sted as |
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