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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MACRO	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 conce	rning this matter to the following:	
· 	LAURENCE CHIA	
	Name of Person	
	Firm/Company	
_3	517 76TH ST E	
<u> </u>	METTO, FL 34221 City/State and Zip Code	
LA	URENCE CCHIAQGMAIL. Com E-mail address: (to be used for future annual report notification)	
For further information concerning thi	s matter, please call:	*
LAURENCE (H1A at (224) 280-0605 Area Code Daytime Telephone Number	•
Enclosed is a check for the following:		
	Filing Fee & D \$55 00 Filing Fee & D \$60,00 Filing Fee, ficate of Status Certified Copy (additional copy is calchood) Certified Copy (additional copy is calchood)	
Mailing Address: Registration Section Division of Corporation	Street Address: Registration Section	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2003 SEP 14 AM 11:56 The Articles of Organization for this Limited Liability Company were filed on 02 JUNE 2023 and assigned Florida document number <u>L23000268975</u> 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) 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: New Registered Office Address Enter Florida street address _. Florida _ 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

Title	Name	Address	Type of Action
AMER	KALYANASUNDARAM GANESA	3517 7614 ST E MOORTHY PALMETTO, FL 34221 GANISAMERTHY KALYANASUNDAR	
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