L24000463138

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8. PRATHER

COVER LETTER

TO: Registration Se Division of Con						
	POWER ENERGY SOLUTIO	NS LLC				
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	EDWIN NORMANDIA					
		Name of Person				
	SUNRISE POWER ENER	RGY SOLUTIONS LLC				
Firm/Company						
	1091 WALDEN BLVD S	E				
		Address				
	PALM BAY FL 32909					
		City/State and Zip Code				
	normandia1180@gmail.com	n to be used for future annual report	and the section (
For further information c	oncerning this matter, please c	•	notine attor)			
Edwin Normandia		321 749-354: at ()				
Name of Person		Area Code Day	time Telephone Number			
Enclosed is a check for t	he 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		Street Address Registration	Section			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNRISE POWER ENERGY SOLUTIONS	S LLC	
	ty Company as it now appears on our recor a Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability C Florida document number 1.24000463138	`ompany were filed on 10/31/2024	and assign€d
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ited liability company here:	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
		`lorida
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	EDWIN NORMANDIA	1091 WALDEN BLVD SE	
		PALM BAY, FL 32909	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□∧dd
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 _ 11/05/2024 Signature of a member or authorized representative of a member Edwin Normandia Typed or printed name of signee