

M15000003282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

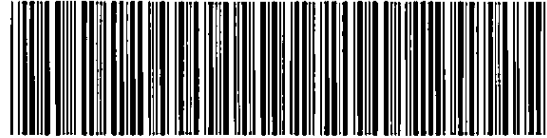
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600389247796

LLC N/C & Amend

2022 AUG 16 AM 9:25

FILED

2022 AUG 16 PM 4:25

RECEIVED

A. RAMSEY  
AUG 17 2022

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE use funds from ACCT: 120210000160 AMOUNT: \$30.00

Authorization Signature: *James F. Guler*  
CE POWER SOLUTIONS, LLC M15000003282  
Business Document #

☐ Walk in ☐ Pick up time ☐  
☐ Mail out ☐ Will wait  
☐ Photocopy

☐ **Certified Copy (s) of Articles of Incorporation**  
☒ **Certificate of Status**

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**

**AMMENDMENTS**

☒ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ **Conversion**  
☐ Articles of Conversion

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ APOSTIL ( ) ☐  
Country

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CE Power Solutions, LLC

Enter new principal office address, if applicable:

100 Colonial Center Parkway

(Principal office address

Suite 400

MUST BE A STREET ADDRESS)

Lake Mary, FL 32746

Enter new mailing address, if applicable:

100 Colonial Center Parkway

(Mailing address

Suite 400

MAY BE A POST OFFICE BOX)

Lake Mary, FL 32746

2. The Florida document number of this limited liability company is: M15000003282

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: 4/29/2015

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Qualus Solutions, LLC  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

City

Florida

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.*

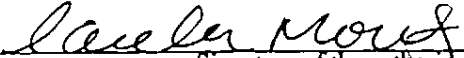
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Qualus Power Services Corp.	411 E Wisconsin Ave	<input type="checkbox"/> Add
		Milwaukee, WI 53202-4435	<input checked="" type="checkbox"/> Remove
Member	Qualus Corp.	100 Colonial Center Parkway, Suite 400	<input checked="" type="checkbox"/> Add
		Lake Mary, FL 32746	<input type="checkbox"/> Remove
VP	R.J. POST	4040 REV DRIVE	<input type="checkbox"/> Add
		CINCINNATI, OH 45232	<input checked="" type="checkbox"/> Remove
VP	BEN WILLIAMS	4040 REV DRIVE	<input type="checkbox"/> Add
		CINCINNATI, OH 45232	<input checked="" type="checkbox"/> Remove
PRES	BRENT MCALISTER	4040 REV DRIVE	<input type="checkbox"/> Add
		CINCINNATI, OH 45232	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Candice Mountz  
Typed or printed name of signee

Filing Fee: \$25.00

UNITED STATES OF AMERICA,  
STATE OF OHIO,  
OFFICE OF SECRETARY OF STATE

*I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 11th day of August, A.D. 2022.*

Ohio Secretary of State

A black and white image of a handwritten signature, which appears to be "Frank LaRose", written in cursive.

Validation Number:  
202222302074



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/27/2022	202220801272	OHIO LLC - AMENDMENT (LAM)	50.00	100.00	0.00	0.00

### Receipt

This is not a bill. Please do not remit payment.

OLIVIA PRITCHETT  
100 COLONIAL CENTER PARKWAY  
SUITE 400  
LAKE MARY, FL 32746

## STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose

1183071

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

QUALUS SOLUTIONS, LLC

and, that said business records show the filing and recording of:

Document(s)

OHIO LLC - AMENDMENT

Document No(s):

202220801272

Effective Date: 08/01/2022



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
27th day of July, A.D. 2022.

Ohio Secretary of State

Form 611 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

## Domestic Limited Liability Company Certificate of Amendment or Restatement

**Filing Fee: \$50**  
**Form Must Be Typed**

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

CE POWER SOLUTIONS, LLC

Name of Limited Liability Company

1183071

Registration Number

Optional: Effective Date (MM/DD/YYYY) 8/1/2022

Effective Time 12:00 AM

Pursuant to Ohio Revised Code Section 1706.172(D), a certificate of amendment delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A certificate of amendment is effective as provided in Ohio Revised Code Section 1706.172(D).

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

Name of Limited Liability Company Qualus Solutions, LLC

(Name must include one of the following words or abbreviations:  
"limited liability company", "limited", "LLC", "L.L.C.", "Ltd.", or "Ltd.")

Purpose

If applicable, attach a statement as provided in division (B)(3) of section 1706.761 of the Ohio Revised Code to state that the LLC may have one or more series of assets subject to limitations.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

CANDICE MOUNTZ

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name