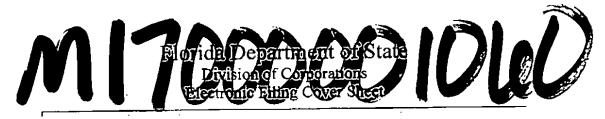
Division of Corporations



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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)

	partment	. Q I
State: PWR SERVICES LLC		_
2. The Florida document number of this limited liability company is: M17000001	060	
	17	<u></u>
3. Jurisdiction of its organization: NV		- 2:
4. Date authorized to do business in Florida: 02/06/2017	<u>.</u>	က် - ယ
SECTION II (5-9 complete only the applicable changes)		
5. New name of the limited liability company: (must contain "Limited Liability Company, " "L.L.C.,	or "LLC	8 2 9
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a cop consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limite Company," "L.L.C." or "LLC.")	oy of the wred Liability	itten
6. If amending the registered agent and/or registered office address on our records, enter the new registered agent and/or the new registered office address here:	the nam	e of
Name of New Registered Agent:		
Name of New Registered Agent.		-
New Registered Office Address: Enter Florida Street Address		-
New Registered Office Address: Enter Florida Street Address		
New Registered Office Address:	Zip Code	- - -
New Registered Office Address: Enter Florida Street Address , Florida,	further a nce of my gent as change i	n the
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 comply with the provisions of all statutes relative to the proper and complete performanduties, and I am familiar with and accept the obligations of my position as registered approvided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a registered office address, I hereby confirm that the limited liability company has been not seen a second company of the second company of the second company has been not seen as the se	further a nce of my gent as change i	n the
New Registered Office Address: 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 comply with the provisions of all statutes relative to the proper and complete performand duties, and I am familiar with and accept the obligations of my position as registered approvided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a registered office address, I hereby confirm that the limited liability company has been myriting of this change.	further a nce of my gent as change i notified in	n the

If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate	that change
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Title/ Capacity	Name	Address	Type of Action
AMBR	WULWICK, JEREMY	PO BOX 641004	Add
		Miami, FL 33164	
MBR W	WULWICK, JEREMY	PO BOX 641004	■ Add
		Mlami, FL 33164	Remove
			□ Add
			□ Remove
			Remove
			Cl Add
			Remove
aforemen	Taylor Lolya	y is organized.	* * * * * * * * * * * * * * * * * * *
		rinted name of signee	<u>β</u> . ω
	Filin	g Fee: \$25.00	8 29