

L 12 000003352

(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:

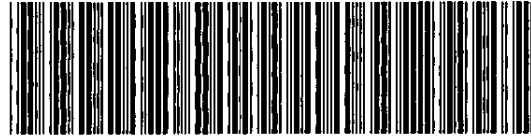
A

Office Use Only

B. KOHR

APR 20 2012

EXAMINER



700230981667

04/25/12--01002--003 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 24 AM 6:56

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MITRE POWER TECHNOLOGY, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SIMONE OLIVEIRA

Name of Person

AMERICA EXPERT CORPORATION

Firm/Company

407 NW 10TH TERRACE

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

simone@americaexpert.com

E-mail address: (to be used for future annual report notification)

FILED
REGISTRATION DIVISION
12 APR 24 AM 6:56

For further information concerning this matter, please call:

SIMONE OLIVEIRA

Name of Person

at (305)

824-9100

Area Code & Daytime Telephone Number

Enclosed is a check for the 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MITRE POWER TECHNOLOGY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
RECORDS & CLERK
DIVISION OF CORPORATIONS
12 APR 24 AM 6:56

The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned
Florida document number L12000003352.

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 end with 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)

407 NW 10TH TERRACE
HALLANDALE BEACH, FL 33009

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

407 NW 10TH TERRACE
HALLANDALE BEACH, FL 33009

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: 407 NW 10TH TERRACE

Enter Florida street address

HALLANDALE BEACH, Florida 33009
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>NACIF MITRE, MARCELO</u>	<u>407 NW 10TH TERRACE</u> <u>HALLANDALE BEACH, FL 33009</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>NACIF MITRE, MARCELO</u>	<u>9807 NW 80TH AVENUE UNIT 11 J</u> <u>HIALEAH GARDENS FL 33016 US</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>FATIMA MITRE</u>	<u>407 NW 10TH TERRACE</u> <u>HALLANDALE BEACH, FL 33009</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>FATIMA MITRE</u>	<u>9807 NW 80TH AVENUE UNIT 11 J</u> <u>HIALEAH GARDENS FL 33016 US</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated APRIL 19 2012


Signature of a member or authorized representative of a member

FATIMA MITRE
Typed or printed name of signee