L22000097367

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H22000155105 3)))

H22000155105 3ABCV

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : API PROCESSING
Account Number : I20110000069
Phone : (954)567-0013
Fax Number : (954)567-3401

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kathy@apiprocessing.com

2022 APR 29 AM 10:07

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SOUTHERN POWER ELECTRIC SOLUTIONS LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	$25.00

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MAY 31 2022

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* * Transmit Confirmation Report * *

P:

04/29/2022 09:11

TTI::API Processing

TTI Number:9545673401

Distant Station	Resolution	Start Time	Time	Page	Kind	Result	Error Code	Message
850-617-6381	Normal	04/29 09:10	01'25"	4		OK		

Florida Department of State

Division of Corporations

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Account Number : 120110000069
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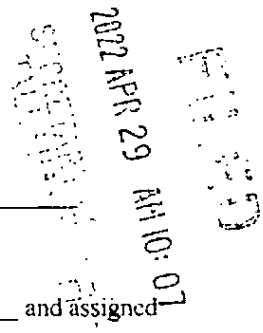
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF



Southern Power Electric Solutions LLC

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

The Articles of Organization for this Limited Liability Company were filed on January 1, 2022 and assigned Florida document number L22000007367.

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)

24980 NE 146th Lane
Fort McCoy, FL 32134

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

24980 NE 146th Lane
Fort McCoy, FL 32134

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: 24980 NE 146th Lane
Enter Florida street address

Fort McCoy, **Florida** 32134
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 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
AMBR	Gary R. Bradford	17925 SE 192nd Court	☐ Add
		Weirsdale, FL 32195	■ Remove
			☐ Change
AMBR	Morgan Bradford	24980 NE 146th Lane	■ Add
		Fort McCoy, FL 32134	☐ Remove
			☐ Change
AMBR	Randall Thomas	24980 NE 146th Lane	■ Add
		Fort McCoy, FL 32314	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 4/29/22

Signature of a member or authorized representative of a member

Morgan Bradford

Typed or printed name of signee

Filing Fee: $25.00