104000085323

(Re	questor's Name)	
(Ad	dress)	
(Ád	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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COVER LETTER

TO:

	gistration Se vision of Cor				•
SUBJECT:	Freddy Me				
SUBJECT:	·	Name of Lim	ited Liability Company	·	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		Daniel S. Kearns			
			Name of Person		
		Freddy Megawatt LLC			
		 .	Firm/Company		
		3810 Crossroads Pkwy			
			Address	· · · · · · · · · · · · · · · · · · ·	
		Fort Pierce, FL 34945-276	04		
			City/State and Zip Code		
		daniel@freddymegawatt.co			
		E-mail address: (to be used for future annual	report notification)	
For further	information c	oncerning this matter, please c	all:		
Daniel S. K	earns			3-1810	
	Name o	f Person	at () Area Code	Daytime Telephone Number	_
Enclosed is	a check for th	ne following amount:		, and the second	
□ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc	Certificate of	Status &
				·	*• 3 , ·
	ailing Addres	_	Street A		:
Registration Section Division of Corporations		_	ation Section n of Corporations		
	O. Box 632			ntre of Tallahassee	· ·
Ta	llahassee, I	FL 32314		. Monroe Street, Suite 810	
	•			ssee, FL 32303	***

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Freddy Megawatt LLC			
(Name of the Limi	ted Linbility Compa (A Florida Limited)	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L. Clorida document number L04000085323	iability Company	were filed on	and assigned
his amendment is submitted to amend the foll	owing:		
a. If amending name, enter the new name of	f the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		3810 Crossroads Pkwy	
Principal office address MUST BE A STREET ADDRESS)		Fort Pierce, FL 34945-2	2704
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		3810 Crossroads Pkwy Fort Pierce, FL 34945-2	2704
3. If amending the registered agent and/or or gent and/or the new registered office addre		address on our records,	enter the name of the new regist
Name of New Registered Agent:			
New Registered Office Address:	3810 Crossroad		
		Enter Florida street	
	Fort Pierce		, Florida
		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

7.--

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>	Address	Type of Action
MGR	Alfed W. Geogiadis	5600 McKinley St	□Add
		Hollywood, FL 33021	≃ n
			□Change
<u> </u>			□Add
			□Remove
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Effective date, if other than the	he date of filing:	o date of filing or more than 90 days after	onal)
Note: If the date inserted in this	block does not meet the applica	ble statutory filing requirements, this	date will not be listed a
	Department of State's records.		
document's effective date on the			
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