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(Re	equestor's Name)	
(Ad	ddress)	_
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	_ Certificates	s of Status
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Amend

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I ALBRITTON

COVER LETTER

TO:	Registration Se Division of Cor				
0110	APR ENER				
SUBJ	ECT:	Name of Limited Liability Company			
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
Please	return all correspo	ndence concerning this matter	to the following:		
		BRENDA SMITH			
			Name of Person		
		APR ENERGY, LLC			
			Firm/Company		
		3600 PORT JACKSONVI	LLE PARKWAY		
			Address		
		JACKSONVILLE, FL 322	226		
			City/State and Zip Code	,, ,, ,	
		LEGAL@APRENERGY.C	OM		
		E-mail address: (to be used for future annual report notif	ication)	
For fu	rther information c	oncerning this matter, please ca	all:		
BRE	NDA SMITH		904 223-2306 at ()		
	Name o	f Person	Area Code Daytime	: Felephone Number	
Enclo	sed is a check for th	ne following amount:			
□ \$2	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 ARTICLES OF ORGANIZATION **OF**

2019, Fil 2:1 APR ENERGY, 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 11/15/2005 and assigned Florida document number L05000110400 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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 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 heing 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

_____, Florida ____

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>	Name	<u>Address</u>	Type of Action
CEO	CHARLES FERRY	3600 PORT JACKSONVILLE PARKWAY	
		JACKSONVILLE, FL 32226	
			■ Change
			□ Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
			□ Change
			Add
			□ Remove
			□ Change
			□ Remove
			O Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note:</u>	tive date, if other than the date of filing:
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	August 26 2019
	Signature of a member or authorized representative of a member
	Benjamin Sec
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00