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## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	APR ENER			
SUBJECT,		Name of Lim	ited Liability Company	. <del></del> -
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Brenda Smith		
			Name of Person	<del></del>
		APR Energy		
		<del>,</del>	Firm/Company	
		3600 Port Jacksonville P	Parkway	
		<del> </del>	Address	
		Jacksonville, FL 32226		
		Brenda.smith@aprenergy	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
Brenda Sm	ith		904 223-2306	
	Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	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)
	iling Addres		Street Address:	vion

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2020 AT 9 23 PH 12: 16

APR ENERGY, LLC		
( <u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on our recorda Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Florida document number L05000110400	Company were filed on November 15, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	vss
	, F	lorida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	Charles Ferry	3600 Port Jacksonville Pkwy, Jax, FL 32226	□Add
			Remove
			Change
CEO	CEO Bing Chen	3600 Port Jacksonville Pkwy, Jax, FL 32226	≣Add
			□Remove
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the D	ock does not meet the	applicable statt			
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record specifies a delayed effectived is filed.	e date, but not an effec	tive time, at 12	2:01 a.m. on the c	carlier of: (b) Th	e 90th day after the
	2020				
April 15.			$\overline{}$		
Pated April 15.	,	<u> </u>	A		
Dated April 15.	Signature of a member o	r authorized rep	resentative of a me	mber	<del></del>

Filing Fee: \$25.00