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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GULATI LAW

Account Number : 120130000014

Phone : (407)900-5054

Fax Number

: (407)517-4931

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EMERGENCY POWER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

EMERGENCY POWER, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ly 23 if now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company	were filed on 01/29/2006 and assigned
Florida document number 1.06000009231	
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liabil	lity sompany here:
The new name must be distinguishable and contain the words "Limited Linhilit	y Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	8651 FEREING AND JON FL
(Principal office address MUST BE A STREET ADDRESS)	3254 8651 Feldman Rd
	Jocksonville, FL 32299
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records; enter the name of the new registered
Name of New Registered Agent: 8651	you Campron
New Registered Office Address: \$651	Enter Florido strees address
Jackson	City Florida 32244
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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>	Name .	Address	Type of Action
MGR	JONATHAN JONES	6001 ARGYLE FOREST BLVD	□Add
		SUITE #21-373	· · · · ·
		JACKSONVILLE, FL 32244	
MGR	ALICIA JONES	6001 ARGYLE FOREST BLVD	-
•	•	SUITE #21-373	
		JACKSONVILLE, FL 32244	
MGR	BRYAN CAMERON	8651 Foldman Ad	<u>-</u>
		Jax FL 32044	DRemove
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			□Remove
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			DChange
			DAdd
			□Remove
			Change

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