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PICK-UP WAIT MA	AIL
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COVER LETTER

	istration Section of Cor			
SUBJECT:		GY II. LLC		
JOBOBOT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JOSEPH DICAMILLO		
		APR ENERGY II, LLC	Name of Person	
		3600 Port Jacksonville Par	Firm/Company kway	
		Jacksonville, FL. 32226	Address	
		legal@aprenergy.com	City/State and Zip Code	
For further in	nformation co	E-mail address: (oncerning this matter, please ca	to be used for future annual report notif all:	ication)
Joseph DiCa			904 729-5942 at ()_	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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 TO ARTICLES OF ORGANIZATION OF

APR ENERGY II, LLC

(Name of the Limited Liabilit (A Florida	y Company as it now appears (Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Co Florida document number 1.07000075142	ompany were filed on 07/20	0/2007	and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here	:		
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the desi	gnation "LLC" or the abbr	eviation "L.L.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regist registered agent and/or the new registered office address: New Registered Office Address:		our records, enter th	2019 HAY 28 of AM 19: 48	the-new
New Registered Office Address:	Enter Floride	street address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered	i Agent:			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co- accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of m gent as provided for in Ch	y duties, and I am far apter 605, F.S. Or, if	niliar with this docum	and ient is

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>	<u>Address</u>	Type of Action
AMBR	Kibler, Elisabeth	3600 Port Jacksonville Parkway, Jacksonville, FL, 32226	Add
			■ Remove
			☐ Change
			Add
			Remove
			☐ Change
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			Remove AYGhange
			8 Madd Market Construction of the Construction
			□ Change
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		 .	Change
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			Remove
			☐ Change

Effective date, if other than the date of filing: May 24/2019 (optional) If an effective date is listed, the date must be specific and cannot be prival odate of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. Dated May 24 2019						·				
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Typed or printed name of signee

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Filing Fee: \$25.00