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(Requestor's Name)	
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(City/State/Zip/Phone #)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Obtained depices	
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Special Instructions to Filing Officer:	
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COVER LETTER

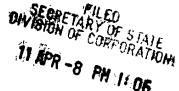
TO: Registration S Division of Co			
, Division of Co	or por account	, ,	
SUBJECT:		plant #19 LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
		Lloyd P. Brewer, Jr.	
		Name of Person	
		Firm/Company	
	3340	N Roosevelt Blvd Suite 6	
		Address	
		Key West, FL 33040	
		City/State and Zip Code	
		nocoinc@bellsouth.net to be used for future annual report notifi	cation)
For further information	concerning this matter, please of	•	
	Bud Brewer	at (305)	797-3356
Name	of Person	at (at (305_) Area Code & Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
\$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 TO ARTICLES OF ORGANIZATION OF



	Steamplant #19 LLC		17.77.06
(Name of the Limited L (A F	iability Company as it now app lorida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liab	oility Company were filed on _	August 18, 2008	and assigned
Florida document numberL080000787	10		
This amendment is submitted to amend the follow	ving:		
L. If amending name, enter the new name of t	he limited liability company h	<u>iere</u> :	
he new name must be distinguishable and end with L.L.C."	the words "Limited Liability Con	npany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicab	ole:		
Principal office address MUST BE A STREET	ADDRESS)		·····
	 		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	<u> </u>		
3. If amending the registered agent and/or		our records, enter the	e name of the ne
egistered agent and/or the new registered office	ce address here:		
Name of New Registered Agent:			
New Registered Office Address:	<u> </u>		
	1	Enter Florida street addre	SS
		. Fiorida	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title **Type of Action** Name <u>Address</u> MGRM Edward F. Steinmetz 1210 Wales Dr. _ ☐ Add Ft. Myers. FL 33901 ✓ Remove Samuel P. Steinmetz MGRM 12501 McGregor Blvd. Apt. 22 Fort Myers, FL 33919 Remove MGRM Eva-Marie C. Steinmetz 680 Fern St. ✓ Add West Palm Beach, FL 33401 Remove Add Remove \square Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 1 Dated Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Lloyd P. Brewer, Jr.

Filing Fee: \$25.00