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Amend

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COVER LETTER

то:	Registration Se Division of Cor						
eub ir.	and the	RNATIONAL, LLC					
SOBJE	Name of Limited Liability Company						
		Amendment and fee(s) are sub	_				
r icase r	eturi aii correspe	BRENDA SMITH	to the following.				
		APR INTERNATIONAL,	Name of Person				
		Firm/Company 3600 PORT JACKSONVILLE PARKWAY					
		Address JACKSONVILLE, FL 32226					
		City/State and Zip Code LEGAL@APRENERGY.COM E-mail address: (to be used for future annual report notification)					
For furt	her information c	oncerning this matter, please co	all:				
BRENI	DA SMITH		904 223-2306 at ()				
	Name o	f Person	Area Code Daytim	e Telephone Number			
Enclose	d is a check for tl	he 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)			
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 Pil 2:52

APR INTERNATIONAL, 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 Cor	mpany were filed on $\frac{3/4/2}{1}$	2009 and assigned		
Florida document number L09000021360				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here	<u>e</u> :		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	 -			
(Principal office address MUST BE A STREET ADDRE	<u></u>	<u> </u>		

Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
P. If amonding the registered want and/or register	and office address as			
B. If amending the registered agent and/or registeredistered agent and/or the new registered office addre		our records, enter the name of the ne		
,				
Name of New Registered Agent:				
New Registered Office Address:				
Negisiered Office Address.	Enter Floria	la street address		
	Florida			
	Сіў	, Florida		
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered	nplete performance of n int as provided for in Ch	ny duties, and I am familiar with and apter 605, F.S. Or, if this document 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CEO	CHARLES FERRY	3600 PORT JACKSONVILLE PARKWAY	□ Add
		JACKSONVILLE, FL 32226	☐ Remove
			■ Change
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			Change
			Add
			Remove
			☐ Change
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(If an eff Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	August 24 2019
	1016
	Singular of a month of the start
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00