## 1-04000028569

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(Address)
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(City/State/Zip/Phone #)
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2022 JUL 15 PM 5: 02

## **COVER LETTER**

**Registration Section** 

Division of Corporations

TO:

Superior Pe SUBJECT:	ower Products, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Clay Cook		
		Name of Person	
	Superior Power Products,	LLC	
		Firm/Company	
	836 E. 11th Ave.		
		Address	
	New Smyrna Beach, FL 3	2169	
		City/State and Zip Code	<del></del>
	clay.cook@sppreps.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
Clay Cook		407 741-3061 at ( )	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	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)
Mailing Address		Street Address:	ootion
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monro Tallahassee, FI	be Street, Suite 810 L 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Superior Power Products, LLC		•	2022 JUL 15	PH 5: 02
( <u>Name of the Limite</u>	d Liability Company as it no A Florida Limited Liability Co		onede )	<del></del>
		3	raji nyyedhi	(i) (i) (ii)
e Articles of Organization for this Limited Lia	ability Company were file	d on 03/23/2009		and assigned
orida document number L09000028509				
is amendment is submitted to amend the follo-	wing:			
If amending name, enter the new name of	the limited liability comp	pany here:		
e new name must be distinguishable and contain the wo	ords "Limited Liability Compar	ny," the designation "	LLC" or the abbr	eviation "L.L.C."
ter new principal offices address, if applica	ıble:			
rincipal office address MUST BE A STREET	TADDRESS)			
	<del></del>			-
iter new mailing address, if applicable:				
iter new mailing address, if applicable:				
ter new mailing address, if applicable: <u>Jailing address MAY BE A POST OFFICE B</u>	<u></u>			
	<u></u>			
ailing address MAY BE A POST OFFICE B		n our records on	tor the name	of the new resistor
Iailing address MAY BE A POST OFFICE B	egistered office address o	n our records, <u>en</u>	ter the name	of the new register
ailing address MAY BE A POST OFFICE B	egistered office address o	n our records, <u>en</u>	ter the name	of the new register
I ailing address MAY BE A POST OFFICE B If amending the registered agent and/or re ent and/or the new registered office address	egistered office address o	n our records, <u>en</u>	ter the name	of the new register
Iailing address MAY BE A POST OFFICE B	egistered office address o	n our records, <u>en</u>	ter the name	of the new register
I ailing address MAY BE A POST OFFICE B If amending the registered agent and/or re ent and/or the new registered office address	egistered office address o s here:			of the new register
I amending the registered agent and/or reent and/or the new registered office address  Name of New Registered Agent:	egistered office address o s here:	n our records, <u>en</u> Enter Florida street ad		of the new register
I amending the registered agent and/or reent and/or the new registered office address  Name of New Registered Agent:	egistered office address o s here:	Enter Florida street ad		
If amending the registered agent and/or reent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	egistered office address os here:	Enter Florida street ad	dress	of the new register
I amending the registered agent and/or reent and/or the new registered office address  Name of New Registered Agent:	egistered office address os here:	Enter Florida street ad	dress	

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
MGR	William C. Crawford	3895 Spalding Bluff Dr.	<b>=</b> Add
		Norcross, GA 30092	□ Remove
			Change
<del></del>			
			□Remove
			□Change
			□Remove
			□Change
			□Add
			Remove
		□Change	
		-	
		-	Remove
			Change
			□ Remove
			□Change

or to announting any other the	ormation, enter change(s) here: (Attach additional sheets, if necessary.)	
<del></del>		
<del></del>		
<del>.</del>		
<del> </del>		
17.65 - Alico Ana - 16 - Alico Alico	a the data of Clina.	
Note: If the date inserted in	n the date of filing:	207 (3) as the
he record specifies a delayed cord is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated	. 2022	
	Signature of a member or authorized representative of a member	
	Signature of a memoer of authorized representative of a memoer	
Clay Cook		
	Typed or printed name of signee	