

LD9000049353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

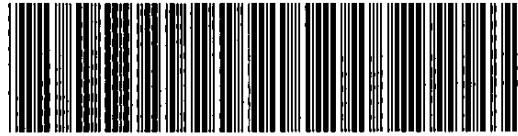
Special Instructions to Filing Officer:

L. SELLERS

NOV - 1 2010

EXAMINER

Office Use Only



300187076433

10/29/10--01019--015 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 29 PM 3:31

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Microwatt Applications, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lance Feldman

Name of Person

Microwatt Applications, LLC

Firm/Company

10695 Palm Leaf Drive #43B

Address

Boynton Beach, FL 33437

City/State and Zip Code

lance@microwattonline.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lance Feldman

Name of Person

at (386) 562-7611

Area Code & Daytime 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

Microwatt Applications, 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 Company were filed on 5/20/2009 and assigned
Florida document number L09000049353.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10695 Palm Leaf Drive #43B
Boynton Beach, FL 33437

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10695 Palm Leaf Drive #43B
Boynton Beach, FL 33437

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

Lance Feldman

New Registered Office Address:

10695 Palm Leaf Drive #43B

Enter Florida street address

Boynton Beach

City

Florida

33437

Zip Code

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.

Lance Feldman
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:

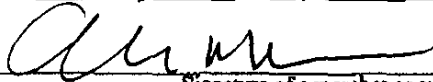
MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Bruce Richardson	2100 NE Dixie Hwy Jensen Beach FL 34957	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Registered Agent	Bruce Richardson	4680 Sandpbble Tr Suite 304 STUART FL 34996	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Registered Agent MGR	Lance Feldman	301 NE Plantation Rd #301 STUART FL 34996	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October 18th, 2010.



Signature of a member or authorized representative of a member

ALAN DOCTOR MGR.

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00