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(Re	questor's Name)	
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Certified Copies	_ Certificate	s of Status
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Special Instructions to		
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COVER LETTER

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Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
		•		1
SUBJEC		N POWER & GAS LLC		
·		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		indence concerning this matter		
		Lisa Barry		
			Name of Person	
		American Power & Gas, L	LC	
			Firm/Company	
		10601 Beicher Road Souti	1	
		 	Address	
		Seminole, FL 33777		
		-	City/State and Zip Code	
		regulatory@goapg.com		
			to be used for future annual report noti	dication)
For furth	ner information c	oncerning this matter, please c	all:	
Lisa Ba	rry		727 479-0731	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed	d is a check for t	he following amount:		
	.00 Filing Fee	■ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	S60.00 Filing Fee.
	g . ee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
	Registration !		Registration Se	
	Division of C P.O. Box 632		Division of Cor The Centre of 1	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	ТО	
ARTIC	CLES OF ORGANIZATION	
	OF	and assigned
		· 6 1
AMERICAN POWER & GAS LLC		
	Liability Company as it now appears on our record	(s)
(A	Liability Company as it now appears on our record Florida Limited Liability Company)	<u></u>
	03/11/2010	
The Articles of Organization for this Limited Liab	oility Company were filed on 657172010	and assigned
Florida document number L10000027471		
The control of the control of the control of the College		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of th	he limited liability company here:	·
		
N/A		
The new name must be distinguishable and contain the word	ds "Limited Liability Company." the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	e:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Trincipal office address most be A STREET	,1001(C.3.3)	
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable:		
	<u></u>	
	<u>0X)</u>	
(Mailing address MAY BE A POST OFFICE BO		
(Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or reg	istered office address on our records, enter	the name of the new register
Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or reg agent and/or the new registered office address I	istered office address on our records, enter	the name of the new register
Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or reg agent and/or the new registered office address I	istered office address on our records, enter	the name of the new register
Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or reg agent and/or the new registered office address I	istered office address on our records, enter	the name of the new register
B. If amending the registered agent and/or regagent and/or the new registered office address I	istered office address on our records, enter	the name of the new register
(Mailing address MAY BE A POST OFFICE BC B. If amending the registered agent and/or regagent and/or the new registered office address I	istered office address on our records, <u>enter</u> here:	
B. If amending the registered agent and/or regagent and/or the new registered office address I	istered office address on our records, enter	
B. If amending the registered agent and/or regagent and/or the new registered office address I	istered office address on our records, enter here: Enter Florida street addres	

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 605, 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 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>	Address	Type of Action
AMBR	AP&G Holdings, LLC	10601 Belcher Road South	
		Seminole, FL 33777	□Remove
			□Add
			Remove
			□Add
			□Remove
			☐Change .
			□Add
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ote: If the date inserted in this	ne date of filing:	(op ute of filing or more than 90 days af e statutory filing requirements, t	otional) ter filing.) Pursuant to 605.0207 his date will not be listed as
		at 12:01 a.m. on the earlier of:	(b) The 90th day after the
	tive date, but not an effective time.		
is filed.	tive date, but not an effective time,		
is filed.	2020	ed representative of a member	

Filing Fee: \$25.00