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COVER LETTER

TO:			ı	
eud H		llec. LLC		
SUBJE		Name of Lim	ited Liability Company	
The end	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Michelle Lewis		
	Division of Corporations All Power Elec. LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. use return all correspondence concerning this matter to the following:			
		All Power Electric & Air		
			Firm/Company	
		1209 SE 9th Ter Unit B		
			Air Firm/Company B Address City/State and Zip Code resecom ress: (to be used for future annual report notification)	
		Cape Coral, FL 33990		
			•	
		Firm/Company 1209 SE 9th Ter Unit B Address Cape Coral, FL 33990 City/State and Zip Code michelle@allpowerelec.com E-mail address: (to be used for future annual report notification)		
For fur	ther information co			ication)
		oncerning this matter, prease ex		
Michel				
	Name of	Person	Area Code Daytimo	: Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$25	5.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy

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

All Power Elec, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	<u>(ds.)</u>
The Articles of Organization for this Limited Liability Company	were filed on 9/22/2010	and assigned
Florida document number L10000098968		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
All Power Electric & Air, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		* \$ CD
Principal office address MUST BE A STREET ADDRESS)	_	F *
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Enter new mailing address, if applicable:		, , , , , , , , , , , , , , , , , , ,
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Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. Name of New Registered Agent:		ds, enter the name of the
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street addre	ers.
	, F	lorida
	City	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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	specific and cannot be prior to date of filing or more than does not meet the applicable statutory filing require	
ument's effective date on the Depa		
record specifies a delayed e he 90th day after the record	ffective date, but not an effective time, a	at 12:01 a.m. on the earlier o
ne 90th day after the record	a is filed.	
January 26	2018	
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What	VR A 2	
JI WAKU		
- Alfalla	enature of a member or authorized representative of a me	mber

Page 3 of 3

Filing Fee: \$25.00