112000044847

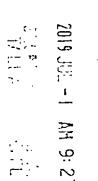
(Requestor's Name)
(Address)
(Address)
· .
(City/State/Zip/Phone #)
(City/State/2)p/i Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified Copies Certificates of Clatos
Special Instructions to Filing Officer:





400331078104

07/01/18- 01012--063 **55.0



STANDARD STA

COVER LETTER

Division of Corporations
SUBJECT: Arkon Power 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:
Paula Pazourek Name of Person
Arkon Power, LLC Firm/Company
Firm/Company
O(a) (a) a
861 E Klosterman Rd.
Address
Tarpon Springs Ft 341089 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Paula Pazourek a1(727) 944-3500
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

ARTICL	ES OF ORGANIZATION	
	OF	
(Name of the Limited Lia	bility Company as it now appears on our orida Limited Liability Company)	2019 JUL - 1 RM 9.
The Articles of Organization for this Limited Liabilit	y Company were filed on 313	0 2012 and assign
This amendment is submitted to amend the following	ī.	
A. If amending name, enter the new name of the l	limited liability company here:	
· · · · · · · · · · · · · · · · · · ·		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET AD</u>		
Timesput office unutess HOST BE A STREET AD	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	Ÿ	ecords, <u>enter the name of t</u>
Name of New Registered Agent:		<u>-</u>
New Registered Office Address:	Enter Florida stree	t address
		, Florida
_	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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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

MGR = Manager AMBR = Authorized Member				
Title MrR	Name Craham Brown	Address 861 E. Klosk Man Rd. Soring	Type of A Add	
MGR_	Eleri Lelekis	861 E. Kloskman Rd. Form	Remov Change CON FL AS. Add	
			□ Remove □ Change □ Add	
			☐ Remove ☐ Change ☐ Add	
			Remove □ Change	
			☐ Remove	

or removed from our records:

_	
_	
_	
_	
-	
_	
_	
_	
_	
_	
_	
_	
_	
_	
Note:	we 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 o 90th day after the record is filed.
Dated _.	Con June 27 2019.
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Eleni Leleki's Typed or printed name of signee

Page 3 of 3

0

Filing Fee: \$25.00