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EXAMINER

## **COVER LETTER**

	istration Sect sion of Corp					
	•	Smart Pow	er Products LLC			
SUBJECT:		Name of Limi	ted Liability Company	<del></del>		
The enclosed	Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:			
		Mic	hael J. Liberatore, P.A.			
			Name of Person			
		Law Off	ice of Michael J. Liberatore		4	
	Firm/Company				Prop PS	a ji
	1000 Brickell Avenue, Suite 400					
			Address			generale G Landersky
		Miami, Florida 33131				
		City/State and Zip Code			10 11 10	"house."
			ael@LiberatoreUSA.com to be used for future annual report notificati	ion)	3.ºº O	
For further in	formation co	ncerning this matter, please of	call:			
M	lichael J. I	Liberatore, Esq.	at ( <u>305</u> ) <u>3</u> Area Code & Daytime To	74-0306 elephone Number	<u> </u>	
Enclosed is a	check for the	following amount:				
\$25.00 Fil	ling Fee [	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certified Conditional	of Status &	
	Registrate Division P.O. Box	NG ADDRESS: tion Section of Corporations a 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## **Smart Power Products LLC**

(Name of the Limited Liah	illity Company as it now appear ida Limited Liability Company)	s on our records.)	<del></del>	<del></del>	
The Articles of Organization for this Limited Liabili L12000059329 Florida document number	ty Company were filed on	05/02/2012	and	assign	ed
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the		<u>e</u> :			
Smart	t Power Systems LLC				
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "LL	C" or t	he abbr	eviation
Enter new principal offices address, if applicable:					<del></del>
(Principal office address MUST BE A STREET AL	DDRESS)		الم الم	F~- 2 #41%	
•				#3 <b>98</b>	
			i-c <sub>i</sub>	70	414.01
Enter new mailing address, if applicable:			<u> </u>	*****	en a carrie
(Mailing address MAY BE A POST OFFICE BOX		· · · · · · · · · · · · · · · · · · ·	198		<u> </u>
MAT BE A TOST OF TICE BOX			25 25 35	t.	Agran en a
•			<i>22 2</i> जिल्हा	5	
B. If amending the registered agent and/or re registered agent and/or the new registered office a					he nev
Name of New Registered Agent:					
New Registered Office Address:					
	Em .	ter Florida street addre	ess		
		, Florida	•		
_	City	, Florida	Zip C	ode	

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.

<u>Name</u>	Address	
		Type of Action
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September 10 , 20	<del>)12</del> ·	
Communication of a member	r or authorized representative of a member	·
7h.wie	s An Martinez di None	
	September 10 20	ding any other information, enter change(s) here: (Attach additional sheets, if necessar)  September 10 , 2012

Page 2 of 2

Filing Fee: \$25.00