L1200113608

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAY 10 2016 S. YOUNG

COVER LETTER

TO: · Registration Section

Tallahassee, FL 32314

Division of (Corporations					
SUBJECT: Fl	orida Power	Generati	on LLC			,
SOBULCI.		Name of Limite	ed Liability Company			
The enclosed Articles	of Amendment and	fee(s) are subm	itted for filing.			
Please return all corre	spondence concernin	g this matter to	the following:			
	Gre	gory Gre	aves			
			Name of Person			
	Tro	pical Ge	nerator LLC		•	i Pic
			Firm/Company			16 MAY -9 PM 4: 59
	20	791 Three	e Oaks Pkwy #12	208		1-9 1888
			Address			P
	Es	tero, FL	33929			÷. (
			City/State and Zip Code		 -	59
			picalgenerator			
	E-	mail address: (to	be used for future annual re	port notification)		
For further information	on concerning this ma	tter, please cal	l:			
Gregory G	reaves		at (_239)	206-4509	9 option 1	
Nan	ne of Person	3 S S S S S S S S S S S S S S S S S S S	Area Code	Daytime Telepho	one Number	
Enclosed is a check for	or the following amo	ınt:				
\$25.00 Filing Fee	_	ng Fee &	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Reg Div	AILING ADDRESS: gistration Section rision of Corporations b. Box 6327		Registratio	f Corporations	DRESS:	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Power			
(Name of the Limite	d Liability Compa A Florida Limited	i <mark>ny as it now appears on our records</mark> Liability Company)	<u>i.</u>)
The Articles of Organization for this Limited Lia	ability Company	were filed on9/04/2012	and assigned
Florida document number L12000113608	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
Tropical Generator LLC			
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC"	A 2 - 200
Enter new principal offices address, if applica	ıble:	No Change	16 1 2 3 3 3 3 3 3 3 3 3 3
(Principal office address MUST BE A STREE)	T ADDRESS)		7 557
			ري الله الله الله الله الله الله الله الل
			PH FE
Enter new mailing address, if applicable:		No Change	F. 97
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>		0 12
B. If amending the registered agent and/or the new registered off			, enter the name of the new
		-	
Name of New Registered Agent:	No Chang	ge	
New Registered Office Address:			
		Enter Florida street address	7
			orida
		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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	No Changes		Add
			Remove
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(If an e Note :	tive date, if other than the date of filing:	.0207 (3)(bed as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	er of:
Dated	May 3, 2016	
•	Signature of a member or authorized representative of a member	
	dignature of a member of authorized representative of a member	
	Gregory Greaves	
	Typed or printed name of signee	

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Filing Fee: \$25.00