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Office Use Only



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Amord. 8/14/14

## **COVER LETTER**

Division of Corporations	
SUBJECT: Florida Power Generator Name of Limited Liability C	Service
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are	e submitted for filing.
Please return all correspondence concerning this matter to the following	3:
G. Adam Johnson Name of Person	
Florida Power Generator Service, LCC Firm/Company	, ;
2050 Jessumine Ct. Address	
Beltona, Fl. 32738 City/State and Zip Code	
For ag nawer generator Service (D) g E-mail address: (to be used for future annual report notification)	mail. com
For further information concerning this matter, please call:	
Adam Johnson at (386 ) 210	e-5388
Name of Person Area C	ode & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING Registration Section Registration	ADDRESS:
<del>_</del>	Corporations
Clifton Building P.O. Box 63	327
2661 Executive Center Circle Tallahassee Tallahassee, Florida 32301	, Florida 32314
Enclosed is a check for the following amount:	
□ \$25 Filing Fee □ \$55 Filing	Fee & Certified Copy

INHS18 (2/14)

### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT: Flotiska Rever Generations

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:

Characteristics of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Firm/Company

Address

City/State and Zip Code

City/State and Zip Code

City/State and Zip Code

City/State and Zip Code

Area Code

Name of Person

at 2516 868-93-96

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Piling Fee

□ \$30.00 Filing Fee & Certificate of Status

Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

Aug. 14. 2014 11:36AM

AMSCOT FINANCIAL

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

No. 6100 P. 3

The Articles of Organization for this Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on \( \frac{1}{25} \) and assigned

Florida document number \( \frac{1}{2000} \) [399/0.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

### New Registered Agent's Signature, if changing Registered Agent;

New Registered Office Address:

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, Stenature of New Registered Agent

Enter Florida street address

Florida

Page 1 of 3

n enienatal	2014 11:36AM AMSCOT FINANCIA g the Managers or Authorized Member of	our seconds enter the title, name, and address.	5100 P. 4 <u>or each brangager or</u>
MGR= M	Member being added or removed from or lanager authorized Member	u <u>r records</u> :	
<u>Title</u>	Name	Address	Type of Action
AMBR	Chris Hatton	1887 Coble Dr.	□ Add
		Aettona F1. 32738	Remove
١٨	<u>.</u> .		<del></del>
MOR	Chris Hatton	1770 Enterprise Osteen	<u>. □</u> Add
		Enterprise, F1.32725	Remove
.₩.D	Gene Adam Johnson	DOCA T NL	
11121	Stre Haundownson	Deltona Flo 32738	* -
		THE FONCE ! 10 SA 133	Remove
<u>tmbr</u>	Gene Adam Johnson	2050 Jessumme Ct	Add
		Deltana FI.	_ Remove
		32738	
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			_D Add Ty

ffective date, if other than the date of filing: he effective date must be specific, cannot be prior to date		(optional)	
the date this document is filed by the Florida Department atted 7/28/14	of State)	e more man 90 days after	
G. Ham J.	from		<u> </u>
Signature of each	ember or authorized representative	of a member	_

Page 3 of 3

Filing Fee: \$25.00

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