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COVER LETTER

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CUDIECT.	AMERICA	N POWER & GAS OF PENNS	SYLVANIA, LLĈ			
SUBJECT:		Name of Limi	ted Liability Company		.	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	indence concerning this matter	to the following:			
		Lisa Barry				
			Name of Person			
		American Power & Gas, L	LC			
			Firm/Company			
	10601 Belcher Road South					
			Address			
		Seminole, FL 33777				
		 -	City/State and Zip Code	,		
		regulatory@goapg.com		 		
Confirmboni	- formation a		to be used for future annua	i report notificatio	on)	
	mormation c	oncerning this matter, please ca				
Lisa Barry			at ()	79-0731		
	Name o	f Person	Area Code	Daytime Tele	phone Number	
Enclosed is	a check for th	ne following amount:				
□ \$25.00 l	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is er		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres			Address: ration Section	1	
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 APR 30 PH

AMERICAN POWER & GAS OF PENNSYLVANIA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	mpany were filed on 12/21/2013	and assigned
Florida document number L12000159565	<u>-</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
Muning dadress MAT BEAT OST OF THE BON		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records,	enter the name of the new regist
Name of New Registered Agent:		
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 with 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	AP&G Holdings, LLC	10601 Belcher Road South	
		Seminole, FL 33777	
			■ Change
			
			□Remove
			□Change
			
			□Remove
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Filing Fee: \$25.00