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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COUNTER POWER PRODUCTS LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 OCT 19 AM 8:16

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N. Culligan OCT 19 2015

2015 OCT 19 AM 8:16

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
COUNTER POWER PRODUCTS LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 Company were filed on July 1, 2013, and assigned
Florida document number L13000093707

This amendment is submitted to amend the following:

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

Not applicable.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

28059 U.S. Highway 19 N., Suite 303 A

(Principal office address MUST BE A STREET ADDRESS)

Clearwater, FL 33761

Enter new mailing address, if applicable:

28059 U.S. Highway 19 N., Suite 303 A

(Mailing address MAY BE A POST OFFICE BOX)

Clearwater, FL 33761

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:

Frank A. Lafalce

New Registered Office Address:

201 N. Franklin Street, Suite 2800

Enter Florida street address

Tampa

Florida

33602

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>RYAN JONES</u>	<u>17215 Orangewood Drive</u>	<input type="checkbox"/> Add
		<u>Lutz, FL 33548</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGRM</u>	<u>ANTHONY BELTRAMEA</u>	<u>17215 Orangewood Drive</u>	<input type="checkbox"/> Add
		<u>Lutz, FL 33548</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>GORDON HORNBY</u>	<u>113 11th Street</u>	<input checked="" type="checkbox"/> Add
		<u>St. Petersburg, FL 33715</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
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		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

25 OCT 19 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 19, 2015

Signature of a member or authorized representative of a member

Frank A. Lafalce, Esquire as Attorney for Counter Power Products LLC

Typed or printed name of signee