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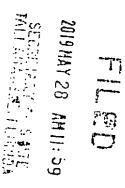
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor		•	
CITO 1CA		ENTAL ASSET CO. LLC		
SUBJEG		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		JOSEPH DICAMILLO		
			Name of Person	
		POWER RENTAL ASSET		
			Firm/Company	
		3600 Port Jacksonville Par		
			Address	.
		Jacksonville, FL, 32226		
			City/State and Zip Code	
		legal@aprenergy.com		
		E-mail address: ()	to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Joseph l	DiCamillo		904 729-5942 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
□ \$25 .	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POWER RENTAL ASSET CO, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000145372</u> .	were filed on 10/15/2013	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		~
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		28 F
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ls, enter the name of the new
registered agent and/or the new registered oritte address ner	<u>.</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	SS
	, F)	lorida
	City	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr		
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p		
being filed to merely reflect a change in the registered affice		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Kibler, Elisabeth	3600 Port Jacksonville Parkway. Jacksonville, FL, 32226	□ Add
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ffecti	ive date, if other fective date is listed, th	than the date	of filing:		rto data of t	20/9	opt	ional) r filing) Porcum	nt to 605	020
Note:	If the date inserted	l in this block do	es not me	et the appli	cable statut					
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The	90th day after	the record is	s filed.							
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00