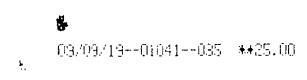
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(Requestor's Name)	
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Amend

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE		ENTAL ASSET CO LLC	•	
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		BRENDA SMITH		
		-	Name of Person	<del></del>
		POWER RENTAL ASSET	r co llc	
			Firm/Company	
		3600 PORT JACKSONVI	LLE PARKWAY	
			Address	·
		JACKSONVILLE, FL 323	226	
			City/State and Zip Code	
		LEGAL@APRENERGY.C		
		E-mail address: (	to be used for future annual report notif	leation)
For furt	her information c	oncerning this matter, please ca	att:	
BRENI	DA SMITH		904 223-2306 at ( )	
Name of Person				: Telephone Number
Enclose	d is a check for th	he 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)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our reco d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{L13000145372}{L13000145372}$ .	ny were filed on 10/15/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		10.
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 reco	rds enter the name of the ne
registered agent and/or the new registered office address ho		tus, chief the hame of the he
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street odd	leave.
		Florida
	City	Zip Code
Name Danistancel America Cincatana (Cale and Danish Danish		

## 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CEO	CHARLES FERRY	3600 PORT JACKSONVILLE PARKWAY	
		JACKSONVILLE, FL 32226	□ Remove
			■ Change
			Add
			🗅 Remove
			Change
			□ Add
		<del></del>	□ Remove
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ffective date, if other an effective date is listed to the listed date in the date in section ocument's effective	erted in this block do	oes not me	ect the appli	cable statutor	ng or more than y filing requir	(option 90 days after fil ements, this d	al) ing.) Pursuant to ( ate will not be l	605.020 isted a:
e record specifie The 90th day af	s a delayed effe ter the record i	ective da s filed.	ate, but n	ot an effect	tive time, a	t 12:01 a.r	n. on the ear	rlier o
ated Augu	9 24	<u> </u>	2019	·				
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Page 3 of 3

Filing Fee: \$25.00