L13000150805

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|---|-------|
| (Requestor's Name) | |
| (Address) | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Amend

MAY 1 4 2020 I ALBRITTON

COVER LETTER

| ction porations | | • |
|--|--|---|
| N POWER & GAS OF IL, LLC | C | |
| Name of Limi | ted Liability Company | |
| Amendment and fee(s) are sub | mitted for filing. | |
| 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 | · · · · · · · · · · · · · · · · · · · |
| | to be used for future annual report notifi | ication) |
| oncerning this matter, please ca | ail: | |
| | 727 479-0731 | |
| f Person | | Telephone Number |
| ne following amount: | | |
| ■ \$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) |
| | Street Address: | |
| | Name of Limitation Amendment and fee(s) are substantial and fee(s) are subs | Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Lisa Barry Name of Person American Power & Gas, LLC Firm/Company 10601 Belcher Road South Address Seminole, FL 33777 City/State and Zip Code regulatory@goapg.com E-mail address: (to be used for future annual report notification oncerning this matter, please call: at (727 / Area Code) Daytime the following amount: \$\Begin{array}\$ \$30.00 Filing Fee & Certificate of Status \Begin{array} \left \text{Street Address:} \text{ Street Address:} \text{ Address:} \text{ Street Address:} \t |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

company has been notified in writing of this change.

| ARTICLES | OF AMENDMENT | _ |
|--|--|----------------------------------|
| , DELOI EC OL | TO | and assigned |
| ARTICLES OF | FORGANIZATION | |
| | OF | |
| | | . 70 11 |
| AMERICAN POWER & GAS OF IL, LLC | | miles 2 |
| (A Florida Limit | mpany as it now appears on our reco. ted Liability Company) | <u>ان المعار</u> |
| | 10/25/2012 | |
| The Articles of Organization for this Limited Liability Compa | any were filed on 10/23/2013 | and assigned |
| lorida document number L13000150805 | | |
| This amondment is submitted to amond the following | | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited 1 | iability company here: | |
| N/A | | |
| The new name must be distinguishable and contain the words "Limited L | | .C" or the abbreviation "llC." |
| | , , , . | |
| Enter new principal offices address, if applicable: | · · · · · · · · · · · · · · · · · · · | |
| <u>Principal office address MUST BE A STREET ADDRESS</u> | 2 | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| * ** | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | - | |
| | | |
| B. If amending the registered agent and/or registered offingent and/or the new registered office address here: | ice address on our records, <u>ente</u> | er the name of the new registere |
| N/A | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| · · · · · · · · · · · · · · · · · · · | Enter Florida street addr | ress |
| | Ţ | Clauida |
| | , I | Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Age | • | , |
| · · · · · · · · · · · · · · · · · · · | | |
| I hereby accept the appointment as registered agent and | | |
| provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent | | |
| being filed to merely reflect a change in the registered of | | |

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> | Type of Action |
|-------------------------|---------------------------------------|----------------|----------------|
| AMBR AP&G Holdings, LLC | 10601 Belcher Road South | □Add | |
| | Seminole, FL 33777 | □Remove | |
| | | | ■Change |
| | | <u> </u> | □Add |
| | | | □Remove |
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| Effective date, if other than the date of filing: [In 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 02074. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a locument's effective date on the Department of State's records. 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 dis filed. Dated 29 April 2020 The specifies a member of authorized representative of a member. | ii uinchan | ng any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---|-------------------|---|
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| | Dated <u>29 /</u> | Claudro (1)111 |
| Charle Local and | | Claire Lochwing |

Filing Fee: \$25.00