

L13000151539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

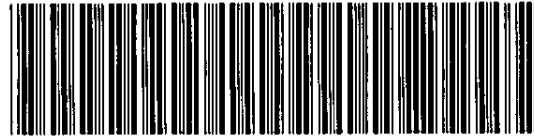
(Business Entity Name)

(Document Number)

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13 NOV 22 AM 10:51

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13 NOV 22 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 25 2013

T. BROWN



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 861731 7962582

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$25.00

ORDER DATE : October 28, 2013

ORDER TIME : 9:12 AM

ORDER NO. : 861731-005

CUSTOMER NO: 7962582

DOMESTIC AMENDMENT FILING

NAME: IN-POWER SUPPLIES LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY

XX        PLAIN STAMPED COPY

       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
13 NOV 22 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IN-POWER SUPPLIES 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 Company were filed on 10/28/2013 and assigned  
Florida document number L13000151539.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u>        | <u>Address</u>                     | <u>Type of Action</u>                      |
|--------------|--------------------|------------------------------------|--|
| MGRM         | STEPHANIE L. ALDEN | 2215 JUSTIN AVE. ORLANDO, FL 32828 | <input checked="" type="checkbox"/> Add    |
|              |                    |                                    | <input type="checkbox"/> Remove            |
| MGR          | JEFF ALDEN         | 2215 JUSTIN AVE. ORLANDO, FL 32828 | <input type="checkbox"/> Add               |
|              |                    |                                    | <input checked="" type="checkbox"/> Remove |
|              |                    |                                    | <input type="checkbox"/> Add               |
|              |                    |                                    | <input type="checkbox"/> Remove            |
|              |                    |                                    | <input type="checkbox"/> Add               |
|              |                    |                                    | <input type="checkbox"/> Remove            |
|              |                    |                                    | <input type="checkbox"/> Add               |
|              |                    |                                    | <input type="checkbox"/> Remove            |
|              |                    |                                    | <input type="checkbox"/> Add               |
|              |                    |                                    | <input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated November 20, 2013.

Stephanie L Alden

Signature of a member or authorized representative of a member

Stephanie L. Alden

Typed or printed name of signer

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Filing Fee: \$25.00