# L13000/65947

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#### **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

# APT LATIN AMERICA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# STEVEN A. MIDTTUN

Name of Person

## APT LATIN AMERICA LLC

Firm/Company

# 10398 BUENA VENTURA DRIVE

## BOCA RATON, FL. 33498

City/State and Zip Code

## steve.midttun@biopowergear.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# STEVE A. MIDTTUN

Name of Person

 $at \underbrace{724}_{Area\ Code} \underbrace{856\text{-}1586}_{Daytime\ Telepho}$ 

Enclosed is a check for the 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

ity Company as it now appears on our records.) a Limited Liability Company)
Company were filed on NOV. 27, 2013 and assigned
ited liability company here:
imited Liability Company," the designation "LLC" or the abbreviation "LLC."
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<u> </u>
stered office address on our records, enter the name of the no dress here:
Enter Florida street address
, Florida
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address Type of Action				
MGR	INGRID A MIDTTUN	10398 BUENA VENTURA DRIVE				
		BOCA RATON, FL. 33498				
MGR	RANDY CHARNIN	909 S.W. 27TH WAY				
		BOYNTON BEACH, FL. 33435				
		Remove				
		Add				
		Remove				

D.	If ame	ending any other information, o	enter change(s) here: (Attach ad	dditional sheets, if necessary.)
	-			
	-			
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	_			
E.	(The effe	ive date, if other than the date ective date must be specific, cannot be poster this document is filed by the Florida D	rior to date of receipt or filed date and ca	2014 (optional) nnot be more than 90 days after
		AUGUST 20	2014	
		Stewn Mi	altr	
		Signat	ure of a member or authorized represen	tative of a member
		STEVEN A. MID	TTUN	
			Typed or printed name of sign	ec

Page 3 of 3

Filing Fee: \$25.00

2014 AUG 25 PM 1: 05