

L13 000 165947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

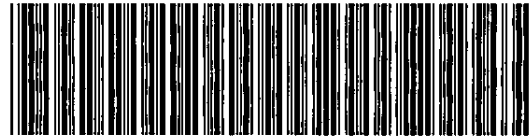
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 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

Address

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 724 856-1586

Area Code

Daytime Telephone Number

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

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APT LATIN AMERICA LLC

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	INGRID A MIDTTUN	10398 BUENA VENTURA DRIVE	<input type="checkbox"/> Add
		BOCA RATON, FL. 33498	<input checked="" type="checkbox"/> Remove
MGR	RANDY CHARNIN	909 S.W. 27TH WAY	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH, FL. 33435	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: AUGUST 25, 2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 20, 2014



Signature of a member or authorized representative of a member

STEVEN A. MIDTTUN

Typed or printed name of signee

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