L13000175495

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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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CORPORATE ACCESS,-_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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COVER LETTER

TO: Registration Division of C				
	Il Battery Systems LLC			
SUBJECT:	Name of Lim	nited Liability Company	_	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Kevin A. Denti, Esquire			
		Name of Person	_	
	Kevin A. Denti, P.A.			
Firm/Company				
2180 Immokalee Road - Suite #316				
		Address		
	Naples, Florida 34110			
	halasi Odasilan aras	City/State and Zip Code		
	kdenti@dentilaw.com E-mail address: ((to be used for future annual report notification)	_	
For further information	concerning this matter, please c	all:		
Kevin A. Denti, Esquire		239 260-8111 at ()		
Name of Person		Area Code Daytime Telephone Nur	nber	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	O Fifing Fee, ificate of Status & fied Copy ional copy is enclosed)	
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	n Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	te 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 SEP 14 PM 12: 51

Florida All Battery Systems LLC

MELAHASSEF. FI

(Name of the Limited Liability Company as if now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number L13000175495	were filed on 12/20/13	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	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 agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>en</u>	ter the name of the new registered
New Registered Office Address: Enter Florida street address		'dress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is

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
Auth Rep	James Gregory Read	8445 Honore Avenue	≣ ∧dd
		University Park, Florida 34201	□Remove
			□Change
			□Remove
			□Change
			🗆 🗆 Add
			□Remove
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