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SEP **Ø**4 2015 N. CAUSSEAUX

COVER LETTER

Division of Cor	rporations	
SUBJECT: AMPower	Engineering, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Brian K. Wilson	
	Name of Person	
	AMPower Engineering, LLC	
	Firm/Company	
	325 Wolfberry Lane	
	Address	
	Chuluota, FL 32766	
	City/State and Zip Code	
	brian.wilson@ampowereng.com	
	E-mail address: (to be used for future annual report notificate	tion)
For further information c	concerning this matter, please call:	
	at () of Person Area Code Daytime Te	
Name o	of Person Area Code Daytime Te	elephone Number
Enclosed is a check for the	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:

TO: Registration Section

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

AMPower Engineering, LLC		
(Name of the Limi	ted Liability Company as it now as (A Florida Limited Liability Compa	ppcars on our records.) any)
The Articles of Organization for this Limited L	iability Company were filed or	n 03/11/2015 and assigned
This amendment is submitted to amend the fol	owing:	
A. If amending name, enter the new name of	of the limited liability compan	ny here:
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if appli-	cable:	美 第 五
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	ROY	
maning dadress MAT BE ATOST OFFICE	<u> </u>	do
B. If amending the registered agent and registered agent and/or the new registered of		s on our records, <u>enter the name of the nev</u>
Name of New Registered Agent:	Sebastien Billaut	
New Registered Office Address:	832 Stephens Pass Cove	
	Ente	r Florida street address
	Heathrow	, Florida ³²⁷⁴⁶
	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.

Sebastian Billaut

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>	Name	Address	Type of Action
AR Praveen Kumar	Pravcen Kumar	770 Oakland Hills Cir #114	Add
		Lake Mary, FL 32746	■ Remove
			☐ Change
			□ Add
			□ Remove
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this bid document's effective date on the D	ock does not meet the a	applicable	te of filing or n statutory tilir	operation (o) days a grequirements,	otional) fter filing.) Pursu this date will n	ant to 605.0207 of he listed as
the record specifies a delayed The 90th day after the rec		ut not an	effective :	time, at 12:0	1 a.m. on th	ie earlier of
	2015					
Dated September 3rd						
Dated September 3rd Brian Wills	on					

Page 3 of 3

Filing Fee: \$25.00