

L15000191732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

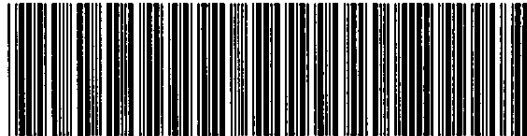
(Business Entity Name)

(Document Number)

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Amend

07/28/16--01020--006 **25.00

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TALLAHASSEE FLORIDA

AUG -1 2016

N. CAUSSEAU

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FIVE STAR POWER CONSULTANTS 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:

EPHRAIM DEWAR

Name of Person

FIVE STAR POWER CONSULTANTS LLC

Firm/Company

533 E. CITRUS STREET

Address

ALTAMONTE SPRINGS, FL. 32701

City/State and Zip Code

FSPowerCON@GMAIL.COM

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

For further information concerning this matter, please call:

EPHRAIM DEWAR

407 591-2851
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FIVE STAR POWER CONSULTANTS 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 11/12/2015 and assigned
Florida document number L1500191732.

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 contain 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

_____, **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 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>	<u>Type of Action</u>
ENGINEERING MANAGER	ALAN PATRICK JAMES	110 DAVINCI DR	<input checked="" type="checkbox"/> Add
		NOKOMIS	<input type="checkbox"/> Remove
		FLORIDA 34275	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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16 JUL 28 PM 1:00
STATE OF FLORIDA
TALLAHASSEE

16 JUL 28 PM 1:00
STATE
OFFICE
TALLAHASSEE FLORIDA

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16 JUL 28 PM 1:50
CLERK OF STATE
TALLAHASSEE FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 27, 2016

Ed

Signature of a member or authorized representative of a member

EPHRAIM DEWAR SR.

Typed or printed name of signee