L1600	0217979
(Requestor's Name)	
(Address)	500359578315

03/01/21--01024--009 \*\*25.00

2022 HAY 27 AH 6: 39

· · · · ·

(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only

(Address)

• •

۰

O SIMMONS. JUN 0 9 2021



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 29, 2021

LISA BARRY 10601 BELCHER RD S SEMINOLE, FL 33777

SUBJECT: AMERICAN POWER & GAS OF MD, LLC Ref. Number: L16000217979

We have received your document for AMERICAN POWER & GAS OF MD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons Regulatory Specialist II Supervisor

Letter Number: 021A00008860

2021 MAY 27 PH 10: 30

## **COVER LETTER**

## TO: Registration Section Division of Corporations

AMERICAN POWER & GAS OF MD, LLC

SUBJECT:

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:

Lisa Barry

Name of Person

AMERICAN POWER & GAS, LLC

Firm/Company

10601 Belcher Road South

Address

Seminole, FL 33777

City/State and Zip Code

regulatory@goapg.com

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

For further information concerning this matter, please call:

 Lisa Barry
 at (\_\_\_\_)
 479-0731

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount: \$25.00 already paid, please see attached Letter Number: 021A00008860

□ \$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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMEN	Т
ТО	
<b>ARTICLES OF ORGANIZATI</b>	ON
OF	2022

•	
,	
	·

2022 HAY 27 AH 6: 39

AMERICAN POWER & GAS OF MD, LL	С	• • • •
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability ( Florida document number <u>L16000217979</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>	
Enter new mailing address, if applicable:		
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the</u>	e name of the new registers
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	, Florid	da
	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 = M $AMBR = A$	lanager uthorized Member	2022 HAY 27 AH 6: 3	0
Title	Name	Addrace	Type of Action
CFO	David Lantz	10601 Belcher Road South	🗆 Add
		Seminole, FL 33777	Remove
			🗆 Change
			🖂 Add
			🗆 Remove
			🖸 Change
			🗆 Add
			🗌 Change
			🗆 Add
			🗆 Remove
			□Change
_ <u>.</u>			🖸 Add
			⊡Remove
			Change
			🗆 Add
		<u> </u>	🗆 Remove
			□Change

* <i></i>
2022 MAY 27 APL 6: 39

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	May 25 2021
	Thank
	Signature of a member or authorized representative of a member
	James Bridgeforth

Typed or printed name of signee