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TO: Registration Section Division of Corporations

- 1

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:

MARSHA SIHA

Name of Person

INCFILE.COM LLC

Firm/Company

17350 STATE HWY 249 SUITE 220

Address

HOUSTON TX 77064

City/State and Zip Code

MARSHA@INCFILE.COM

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

For further information concerning this matter, please call:

MARSHA SIHA

Name of Person

888 462-3453 at (_____) Area Code Davtime

e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&D POWER GROUP, 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 02/03/2017 and assigned Florida document number L17000027928

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 reg	gistered office address on our records,	, enter tife name	the ne
registered agent and/or the new registered office ad	ldress here:		
Name of New Registered Agent:			F
New Registered Office Address:		9	
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·	· <u> </u>
		rida	
	City	Zıp 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> <u>Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

.

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jacob Michael Jakubowski	1262 Bear Lake Rd	a Add
		Apopka fl 32703	□ Remove
			🗆 Add
			Remove
<u>_</u>			
			→ □ A id → □ G → □ G → □ H emove Size S
			Remove
			🗅 Add
			Remove
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			C Remove



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D.	If	amending any othe	r information,	. enter change(s) here:	(Attach additional sheets,	if necessary.)
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E. Effective date, if other than the date of filing: _______(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) (optional) Dated JULY 2 2017 Alberto Puebla - AMBR Signature of a member or authorized representative of a member to 0 7 ۵ 0 Typed or printed name of signee

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Page 3 of 3

Filing Fee: \$25.00