

L17000209875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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NOV 27 2017

NOV 27 2017

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NOV 30 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRYPTO POWER SYSTEMS, 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:

James C Weeks

Name of Person

Crypto Power Systems, LLC

Firm/Company

10960 S Jencole Trl

Address

Floral City, FL 34436

City/State and Zip Code

jamesw1963@gmail.com

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

For further information concerning this matter, please call:

James Weeks

813
at ()

924-3135

Name of Person

Area Code

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2017

JAMES C WEEKS
10960 S JENCOLE TRL
FLORAL CITY, FL 34436

SUBJECT: CRYPTO POWER SYSTEMS, LLC
Ref. Number: L17000209875

2017 NOV 27 PM 1:34
JENNA D HARRIS, II
REGULATORY SPECIALIST II

We have received your document for CRYPTO POWER SYSTEMS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 917A00021029

2017 NOV 27 PM 9:24
JENNA D HARRIS, II
REGULATORY SPECIALIST II

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CRYPTO POWER SYSTEMS, 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 10/10/2017 and assigned
Florida document number L17000209875.

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)

10960 S Jencole Trl

Floral City, FL 34436

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10960 S Jencole Trl

Floral City, FL 34436

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:

10960 S Jencole Trl

Enter Florida street address

Floral City

City

Florida 34436

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.


James C. Walsh
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>
MGR	James C Weeks	10960 S Jencole Trl	<input type="checkbox"/> Add
		Floral City, FL 34436	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Note: The reason for this amendment is to correct a zip code error on all addresses (from 33436 to 34436).

.....

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

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 NOV 20, 2017

James C Weeks
Signature of a

Signature of a member or authorized representative of a member

James C Weeks

Typed or printed name of signee

2017 NOV 27 AM 9:25