L1800007455Z

(Re	equestor's Name)		
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(Document Number)			
Certified Copies	_ Certificates	of Status	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO:		ration Secti on of Corpo				
CUDIC		ARIBBEAN	POWER ONE, LLC			
SUBJE	C1: _		Name of Limite	d Liability Company	****	
The enc	olosed A	rticles of An	nendment and fee(s) are subm	itted for filing.		
Please r	eturn al	correspond	ence concerning this matter to	the following:		
			Vinetta Laing			
				Name of Person		
			CARIBBEAN POWER ON	E, LLC		
				Firm/Company		
			143 W. 19th Street,			
			• • • • • • • • • • • • • • • • • • • •	Address		
			Jacksonville, Florida 3220	6		
				City/State and Zip Code		
			vinettalaing@yahoo.com			
			E-mail address: (to	be used for future annual re	eport notification)	
For furt	her info	rmation con	cerning this matter, please call	:		
Vinetta	Laing			3059047 at ()		
<u>-</u> .		Name of P	erson	Area Code	Daytime Teleph	one Number
Enclose	ed is a ch	neck for the	following amount:			
\$25	5.00 Filii	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		1 \$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

CARIBBEAN POWER ONE, LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L18000074552	Company were filed on 3/15/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SE TAL
(Principal office address MUST BE A STREET ADDI	RESS)	APR -2
Enter new mailing address, if applicable:		AR O:
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	3 3
B. If amending the registered agent and/or registered agent and/or the new registered office add		er the name of the nev
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>	Address	Type of Action
CEO	lan Walker	143 W. 19th Street, Jacksonville	■ Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			☐ Remove
			Change

			
			
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		<u>33</u>	ATE RIDA
			
(If an e	tive date, if other than the date of filing:	to 605.02 be listed	207 (3)(b as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	earlier	of:
Date			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00