# 48000234335

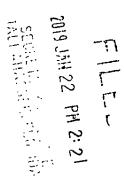
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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# **COVER LETTER**

TO:	Registration Se Division of Cor		,	•	
CI:DII	ect.	Landpower LLC			
SUBJI	ECT:	Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			John W. Simmons		
			Name of Person	<u>-</u>	
			Firm/Company		
			4466 McGirts Blvd.		
			Address		
			Jacksonville, Florida 3221	0	
			City/State and Zip Code jess.simmons@cbre.com		
		E-mail address: (	to be used for future annual re	port notification)	
For fur	ther information co	oncerning this matter, please ca	all:		
	John W. S	immons	904	403-1805	
•	Name o	f Person	at () Area Code	Daytime Telephone Number	•
Enclos	ed is a check for th	e following amount:			
\$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of St Certified Copy (additional copy is e	atus &

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

Lanc	dpower LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appear aited Liability Company)	s on our records.)	<del></del>
The Articles of Organization for this Limited Liability Comp	pany were filed on	October 3, 2018	and assigned
Florida document numberL18000234335			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company ho	ere:	
John V	W. Simmons, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the d	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>		
Enter new mailing address, if applicable:		:	
(Mailing address MAY BE A POST OFFICE BOX)			12
			77
			20
B. If amending the registered agent and/or registere		our records, enter	the name of the nev
egistered agent and/or the new registered office address	here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
		, Florida	
	City		Zip Code

### v Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany 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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			□ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
		<del></del>	
			Change
_			Add
			□ Remove
			T Channe

If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	<u>1-15</u> . 2019 .
	2019  The Mannes Signature of a member or authorized representative of a member
	JUHNI W Simmons Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00