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Amend Cus

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COVER LETTER

TO:	Registration Se Division of Cor			
	Allied Pow	er & Lighting LLC		
SUBJE	CT:	Name of Limi	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please i	eturn all correspo	ndence concerning this matter	to the following:	
		Shannon Stahlin		
		-	Name of Person	
		Direct Inc.		
			Firm/Company	
		315 W Huron Ste 240		
			Address	· · · · · · · · · · · · · · · · · · ·
		Ann Arbor, MI 48103		
		documents@directincorp.c	City/State and Zip Code om	
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please ca	all:	
Shann	on Stahlin		877 281-6496	
	Name o	T Person	at () Area Code Daytime	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$ 2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TO ARTICLES OF O	ORGANIZATION
О	
Allied Power & Lighting LLC	P43
(Name of the Limited Liability Compa) (A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document numberL19000135825	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil. The new name must be distinguishable and contain the words "Limited Liabil."	
<u>-</u>	120 Woodlake Circle
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Greenacres, FL
arma office and ess most be his rate of the sign	33463 US
Enter new mailing address, if applicable:	120 Woodlake Circle
(Mailing address MAY BE A POST OFFICE BOX)	Greenacres, FL
	33463 US

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:	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
AMBR	Threatt, Emmanulle	120 Woodlake Circle	_
		Greenacres, FL	□Add
			□Remove
		33463 US	3 0
AMBR	Regoli, Jaclyn	120 Woodlake Circle	☐ Change
			= Add
		Greenacres, FL	□Remove
		33463 US	
			□Change
			□Add
			□ 0
		 	□Change
			□Add
		 	□Remove
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			□Change

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