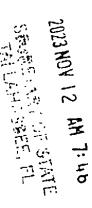
L19000135825

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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O SIMMONS DEC 17 2020

Allied Power & Lighting LLC 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: Emmanulle Threatt Name of Person Firm/Company 120 Woodlake Circle Address Greenacres, FL 33463 City/State and Zip Code mannythreatt@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Emmanulle Threatt** Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: **Registration Section Registration Section Division of Corporations Division of Corporations**

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

TO:

Registration Section
Division of Corporations

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

TO ARTICLES OF ORGANIZATION (C) **OF**

2023 NOV 12 AM 7: 46

Allied Power & Lighting LLC

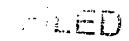
(Name of the Limited Liability Company as it now appears on our records.).
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on	and assi;	
Florida document number L19000135825	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "L	.LC" or the abbreviation "L.L.	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS		
		_	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	l office address on our records, <u>ent</u>	er the name of the new	
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	Asent:		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member



□Chan

<u>Title</u>	<u>Name</u>	Address	2023 NOV 12 AM 7:46	Type of
MGR	Donald Chouinard	3393 Mystic R	INCOME AND STATE	= Add
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Effective date, if other	than the date of filing:	option prior to date of filing or more than 90 days after fil	al)
Note: If the date inserted	the date must be specific and cannot be p d in this block does not meet the ap e on the Department of State's reco	phicable statutory filing requirements, this d	ing.) Pursuant to 603 late will not be list
e record specifies a delay rd is filed.	ed effective date, but not an effective	ve time, at 12:01 a.m. on the earlier of: (b)	The 90th day after
Dated	November 11 2020		
Jaicu	,		

Typed or printed name of signee