# 119000274635

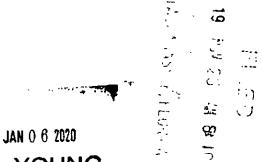
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S. YOUNG

#### **COVER LETTER**

TO: Regist Divisio	ration Section n of Corporations
Ini	Power Generation, LLC
	Name of Limited Liability Company
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Lynn Dudley
	Name of Person
	Firm/Company
	4633 Sunset Pointe
	Address
	Destin, FL 32541
	City/State and Zip Code dudleyl55@gmail.com
	E-mail address: (to be used for future annual report notification)
For further inforn	nation concerning this matter, please call:
Lynn Dudley	901 428-2543 at ( )
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
<b>≅</b> \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing / Registra	Address:  tion Section  Street Address:  Registration Section

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

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

InPower Generation, 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 11/4/19 and assigned Florida document number L19000274635 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

## 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

Title	Name	Address	Type of Action
MGR	Chorey Family Trust	4030 North Monroe St.	
		Tallahassee, FL 32312	
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November 21 2019	ore: If the date inscribed in this of	ock does not meet the appil	cable statutory filing to	(optional) than 90 days after filing.) than equirements, this date w	Pursuant to 605,020 vill not be listed a
	record specifies a delayed The 90th day after the rec	l effective date, but no ord is filed.	ot an effective tim	e, at 12:01 a.m. o	n the earlier o
	November 21	2019			
Signature of a member or authorized representative of a member		·	<del></del> .		
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Filing Fee: \$25.00