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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
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## **COVER LETTER**

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TO: Registration Se Division of Cor					
SUBJECT: FLO	RIDA BACKU	P POWER 1	LLC.		
	Name of Lin	nited Liability Company	-		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	DOUGLAS	J. VECCHI	0	<u> </u>	
	FLORIDA 1		OWER	LLC	
	2740 SW	, .	2000	BLVD	328
	PALM CTY, F				
	DOUG@ FLO	•		Z.COM	
	_	to be used for future annua			
For further information co	oncerning this matter, please ca	all:			
DOUGIAS J	. VECCHIO	at (95 <b>4</b> )_	<b>&amp;25</b> -	7741	
Name of	Person	Area Code	Daytime	e Telephone Nu	ımber
Enclosed is a check for th	e following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		Cert Cert	00 Filing Fee, ifficate of Status & iffied Copy tional copy is enclosed)
Mailing Address		Street A		.·	
Registration S Division of Co		-	ration Secon of Cor		
P.O. Box 632	<del>-</del>			allahassee	
Tallahassee, F	FL 32314	2415 N	√. Monro	Street, Sui	ite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 (01) 4 0 1 2	CH POWER CLC	
(Name of the Limite	d Liability Company as it now appears on our record A Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Lia Florida document number <u>L 200</u> 3	ability Company were filed on \(\frac{11/30/20}{20}	and assigned
This amendment is submitted to amend the follo	wing:	:S: 51
A. If amending name, enter the new name of	the limited liability company here:	?: 5 <sup>1</sup> / <sub>2</sub> :
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble: 2740 SW MAR	TIN DOWNS BLVD. 328
(Principal office address MUST BE A STREET	PALM CTY, FL	34990
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E		34990 OPP 134990
B. If amending the registered agent and/or reagent and/or the new registered office address	•	r the name of the new registered
Name of New Registered Agent:	DOUGLAS J. VECCHIO	
New Registered Office Address:	2740 SW MARTIN DOWN	
	Enter Florida street addre	ess
	PALM CITY, F	Torida 34990
	City	Zin 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	DOUGLAS J. VECCHIO	2740 SW MARTIN DOWNS	□ Add
		Blud 328	□Remove
		PALM CITY, FL 34990	Ø Change
			□Add
		<del> </del>	□Remove
			□Change
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			□ Change

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Effective	date, if other than the date of filing: (optional)
If an effectiv	re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 me date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
document	s effective date on the Department of State's records.
e record sp rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
	Nowo m
	·
	Oovples J. Vecchio  Typed or printed name of signee

Filing Fee: \$25.00