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Office Use Only



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# Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



## **ORDER FORM**

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Me

Melissa Moreau

mmoreau@incserv.com

850.656.7953

**REQUEST DATE**: 12/5/2022

PRIORITY

Regular Approval

OUR REF # (Order ID#) 1101051

ORDER ENTITY

AES ATLANTA LEASING, LLC

### PLEASE PERFORM THE FOLLOWING SERVICES: AES ATLANTA LEASING, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, December 5, 2022 Page 1 of 1

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AES Atlanta Leasing, 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 11/28/2022 \_\_\_\_ and assigned Florida document number 1.22000497039 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 "LLC." 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

#### 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	Tyler Satran	1405 Glen Rd.	
		Glen Ridge, FL 33406	■ Remove
			Change
AMBR	Tyler Norman	1405 Glen Rd.	<b>∃</b> Add
		Glen Ridge, FL 33406	☐ Remove
		<del>.</del>	□ Change
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the record specifies a delaye The 90th day after the re	d effective date cord is filed.	e, but not a	in effective ti	me, at 12:01	a.m. on the ear	lier of:
Dated December 2	2	2022				
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	Ma	re 5.5	Satran	f a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00