

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

Page 1 of 5

H23000401546

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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H230004015463ABCZ

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : API PROCESSING  
 Account Number : I20110000069  
 Phone : (954)567-0013  
 Fax Number : (954)567-3401

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Annette@apiprocessing.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**CAR CHARGING PROS LLC**

Certificate of Status	0
Certified Copy	0
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T. LEMIEUX

NOV 27 2023

Electronic Filing Menu

Corporate Filing Menu

Help

page 2 of 5  
H23000401546

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAR CHARGING PROS LLC

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:

Annette Mota

Name of Person

API Processing - Licensing, Inc.

Firm/Company

3419 Galt Ocean Drive Suite A

Address

Fort Lauderdale FL 33308

City/State and Zip Code

annette@apiprocessing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annette Mota

954

567-0013 x 12

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee☐ \$30.00 Filing Fee &  
Certificate of Status☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)Mailing Address:Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314Street Address:Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Page 3 of 5  
H23000401546

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CAR CHARGING PROS 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 05/03/2023 and assigned  
Florida document number M23000005719.

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*

*City*

*Florida*

*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

Page 4 of 5  
H23000401546

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>	<u>Address</u>	<u>Type of Action</u>
MBR	ANDREW JONES	1213 FLINT MEADOW DR, SUITE 1	<input type="checkbox"/> Add
		KAYSVILLE UT 84037	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	ANDREW JONES	1213 FLINT MEADOW DR, SUITE 1	<input type="checkbox"/> Add
		KAYSVILLE UT 84037	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TANYA BAKER	1213 FLINT MEADOW DR, SUITE 1	<input checked="" type="checkbox"/> Add
		KAYSVILLE UT 84037	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Page 5 of 5  
H230004015 46

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Handwritten signature across the lines.

E. Effective date, if other than the date of filing: 11/20/2023 (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/20/2023 , \_\_\_\_\_

*Tanya Baker*

\_\_\_\_\_  
Signature of a member or authorized representative of a member

TANYA BAKER

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00