## N21000004848

(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

BUILD LOCAL PO' NAME OF CORPORATION:	WER, INC.		
N21000004848			
DOCUMENT NUMBER:		-	
The enclosed Articles of Amendment and fee are sub-	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
JASON B. BLANK			
	(Name of Contact Perso	on)	
HABER BLANK, LLP			
<del></del>	(Firm/ Company)		<u> </u>
888 S. ANDREWS AVE., STE. 201			
<del></del>	(Address)		
FORT LAUDERDALE, FL 33316			
	(City/ State and Zip Co	de)	
JBLANK@HABERBLANK.COM			
E-mail address: (to be used	for future annual repor	t notification	n)
For further information concerning this matter, please	call:		
JASON B. BLANK		54	767-0300
(Name of Contact Person	) (2	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida De	parument of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		t Address	
Amendment Section	Amendment Section Division of Corporations		

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

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



RECEIVED

2022 MAY 16 PM 2: 13

SECRED TO STATE TALLARMOSEE, FL

April 26, 2022

JASON B BLANK 888 S ANDREWS AVENUE SUITE 201 FORT LAUDERDALE, FL 33316

SUBJECT: BUILD LOCAL POWER, INC.

Ref. Number: N21000004848

We have received your document for BUILD LOCAL POWER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

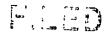
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 022A00009719

Claretha Golden Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment to Articles of Incorporation of



2022 HAY 16 PM 3: 01 BUILD LOCAL POWER, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N21000004848 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Florida street address)

 If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR + Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	PT         John D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>DT/D</u>	DAVID LAPOVSKY	1281 GULF OF MEXICO DR. #1104
xxx Remove			LONGBOAT KEY, FL 34228
2) Change Add			
Remove 3 ) Change Add Remove		··	
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addi</u> (attach additional shed		ticles, enter change(s) here: (Be specific)	
<u></u>			
	•	•	

,
3/21/
The date of each amendment(s) adoption:  date this document was signed.  3/21/22
date this document was signed.
/
Effective date if applicable:  (no more than 90 days after amendment file date)
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.
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
☐ The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

dopted by the b	poard of directors.
Dated	05/09/2022
Signatu	
Sigimo	(By the chairman or vice chairman of the board, president or other officer-it directors have not been selected, by an incorporator – it in the hands of a receiver, trustee, or other court appointed fiduciary by that tiduciary)
	JASON B. BLANK
	(Typed or printed name of person signing)
	TREASURER
	(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were