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COVER LETTER

COVER DETTER
TO: Registration Section Division of Corporations
SUBJECT: EGP Clectual and Solar Technologics, Name of Limited Liability Company CC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
EDUALDO Bame of Person Bame of Person
Egp electrical and Islan technologies,
1410 COMMINCE BIVLEF
Sauson, PL 34213
City/State and Zip Code COPCICE AND SUAF & MALL COM E-mail address: (to be used for future annual report polification)
For further information concerning this matter, please call:
LISA CHRISTMAN at (MH) 933-8694 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\square \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESP ACCINCAL and Solar Technologies, 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 7 7017 and assigned Florida document number <u>EC 1300 7773</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: EDP CCTV CAL LLC 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)	_
TO AR 1. SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	_
Enter new mailing address, if applicable:	_
(Mailing address MAY BE A POST OFFICE BOX) 57 57 57	- -
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new regist</u> agent and/or the new registered office address here:	<u>ered</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	_
, Florida	_
City 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and	the

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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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	ate, if other than the date of filing: (optional)			
		cument's effective date on the Department of State's records.		
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Filing Fee: \$25.00