

L19000215948

Florida Department of State
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TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SMART GRID VENTURES, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smart Grid Ventures, LLC

.....
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elhana G. Ippolito, Paralegal

.....
Name of Person

Fox Rothschild LLP

.....
Firm/Company

747 Constitution Dr. Ste. 100 P.O. Box 673

.....
Address

Exton, PA 19341-0673

.....
City/State and Zip Code

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

For further information concerning this matter, please call:

Elhana G. Ippolito, Paralegal

610 458-1412
at (.....)
Area Code Daytime Telephone Number

.....
Name of Person

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 32314

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smart Grid Ventures, 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 April 29, 2016 and assigned Florida document number L19000215948

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: 4851 Tamiami Trail North, Ste. 259 Naples, FL 34103 (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 4851 Tamiami Trail North, Ste. 259 Naples, FL 34103 (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: Dawna Desrosiers New Registered Office Address: 4851 Tamiami Trail North, Ste. 259 Naples, Florida 34103

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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.

Dawna Desrosiers, Registered Agent

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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>
.....	<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
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.....	<input type="checkbox"/> Change
.....	<input type="checkbox"/> Add
.....	<input type="checkbox"/> Remove
.....	<input type="checkbox"/> Change

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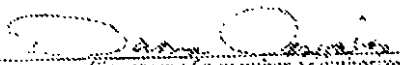
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal dotted lines for amending information.

E. Effective date, if other than the date of filing: _____ (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 005 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 June 10, 2020


Signature of a member or authorized representative of a member

Dawna Desrosiers, Authorized Member
Typed or printed name of signer