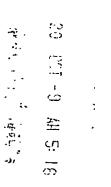
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## **COVER LETTER**

|   | Registration So<br>Division of Cor |  |   |  |  |  |  |
|---|------------------------------------|--|---|--|--|--|--|
| SUBJEC  |                                    | ER FLORIDA, LLC                              | •   |  |  |  |  |
| SUBJE,C   | Name of Limited Liability Company  |  |   |  |  |  |  |
| The encle   | osed Articles of                   | Amendment and fee(s) are sub                 | mitted for filing.  |  |  |  |  |
| Please ret  | turn all correspo                  | ondence concerning this matter               | to the following:   |  |  |  |  |
|   |                                    | REBECCA PEREZ                                |   |  |  |  |  |
|   |                                    |  | Name of Person  |  |  |  |  |
|   |                                    | ECO POWER FLORIDA,                           | LLC   |  |  |  |  |
|   |                                    | Firm/Company 7401 CORAL WAY                  |   |  |  |  |  |
|   |                                    |  |   |  |  |  |  |
|   |                                    | Address MIAMI, FL 33155                      |   |  |  |  |  |
|   |                                    |  |   |  |  |  |  |
|   |                                    |  | City/State and Zip Code   |  |  |  |  |
|   |                                    | RPEREZ@ECOPOWERFL                            |   |  |  |  |  |
| For furthe  | er information c                   | e-mail address: (                            | to be used for future annual report not<br>all:                     | incation)  |  |  |  |
| REBECC  | CA PEREZ                           |  | 786 326-2867  |  |  |  |  |
|   | Name o                             | f Person                                     | at () Area Code Daytin  | ne Telephone Number  |  |  |  |
| Enclosed  | is a check for th                  | ne following amount:                         |   |  |  |  |  |
|   | 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 Addres                     |  | <u>Street Address:</u><br>Registration Se                           | ection   |  |  |  |
| Registration Section Division of Corporations P.O. Box 6327 |                                    |  | Division of Corporations  |  |  |  |  |
|   |                                    |  | The Centre of Tallahassee   |  |  |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECO POWER FLORIDA, LLC

| ( <u>Name of the Lim</u>   | ited Liability C<br>(A Florida Lin | ompany as it now appears on our<br>nited Liability Company) | records.)                             |
|--|------------------------------------|---|---------------------------------------|
| The Articles of Organization for this Limited Florida document number L20000111967 | Liability Com                      | pany were filed on  | and assigned                          |
| This amendment is submitted to amend the fo  | llowing:                           |   |                                       |
| A. If amending name, enter the new name  | of the limited                     | liability company here:                                     |                                       |
| N/A  |                                    |   |                                       |
| The new name must be distinguishable and contain the                               | words "Limited                     | Liability Company," the designation                         | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appl                                       | icable:                            | N/A   | -                                     |
| (Principal office address MUST BE A STRE   | ET ADDRES                          | <u></u>   | <del></del>                           |
|  |                                    |   |                                       |
|  |                                    | N/A   |                                       |
| Enter new mailing address, if applicable:  | r nav.                             |   |                                       |
| (Mailing address MAY BE A POST OFFICE BOX)   |                                    | <u> </u>  |                                       |
|  |                                    |   |                                       |
| B. If amending the registered agent and/or   | registered of                      | fice address on our records.                                | enter the name of the new regi        |
| agent and/or the new registered office addr  | ess here:                          |   |                                       |
|  |                                    |   | A CO                                  |
| Name of New Registered Agent:  | N/A                                | ··· -·  | <u></u>                               |
| New Registered Office Address:   | N/A                                |   | - 0,                                  |
|  | -                                  |   | t address                             |
|  |                                    |   | , Florida                             |
|  |                                    | City  | , Florida<br>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 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 |
|--------------|--------------------|--------------------------------|----------------|
| MGR          | JOSE LUIS COFFIGNY | 7401 CORAL WAY MIAMI, FL 33155 | <b>=</b> Add   |
|              |                    |                                | □Remove        |
|              |                    |                                | □Change        |
|              |                    |                                |                |
|              |                    |                                | □Remove        |
|              |                    |                                | □Change        |
| <u></u>      |                    |                                | □Add           |
|              |                    |                                | □Remove        |
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| an effec<br>ote:   If | date, if other than the date of filing:  [Optional]  ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records. |
| record :<br>is filed  | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the   |
| ited                  | 1/30/2020   |
|                       | Signature of a member or authorized representative of a member  |
|                       |   |
|                       | REBECCA PEREZ   |

Filing Fee: \$25.00