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Office Use Only



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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

CLEAR EN	NERGY CONTRACTORS, LL		·
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANTHONY KOGAN		
Name of Person			
	ACTONY, INC.		201
	2821 3599 14		
	. = 2		
	BOCA RATON, FLORID	A 33431	
		City/State and Zip Code	
	INFO@ASGTAX.COM		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
BLAKE HOENE		561 843-0219	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Set Division of Co The Centre of The Centre of Tallahassee, FI	rporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLEAR ENERGY CONTRACTORS I	LLC		
(Name of the Limited I (A)	Liability Company a Florida Limited Liabi	s it now appears on our recordity Company)	<u>i.</u> )
The Articles of Organization for this Limited Liabi Florida document number $\frac{1.21000267666}{1.000267666}$	lity Company wer	e filed on JUNE 9, 2021	and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability	company here:	
CLEAN ENERGY CONTRACTORS, LLC			
The new name must be distinguishable and contain the words	s "Limited Liability C	ompany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:		72
Principal office address MUST BE A STREET A	(DDRESS)		1 m
	_		- ·
			7
Enter new mailing address, if applicable:			<u>د.</u>
Mailing address MAY BE A POST OFFICE BO	-X)		, 5
			•
	-		<del></del> -
B. If amending the registered agent and/or registered affice address h		ress on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:	<del>.</del>		
New Registered Office Address:	430 SE 3RD PLAC	E	

## 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.

City

DEERFIELD BEACH

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_, Florida <u>33441</u>

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>	Type of Action
			□Add
			□Remove
			Change
			□Add
			<u>r</u> □Remove
			Add
			Remove
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ective date, if other than the effective date is listed, the date mi	e date of filing	:	day of filling a		_ (optional	)	(05.03
te: If the date inserted in this b							
ument's effective date on the l	Department of St	tate's records.					
cord specifies a delayed effecti	ve date, but not	an effective time	e, at 12:01 a.n	n, on the earlie	er of: (b) T	he 90th	day after th
s filed.							
JUNE 10		2021		/			
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		w / w					
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