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(Red	questor's Name)	
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COVER LETTER

Di	egistration Se ivision of Cor			
, ounteem		IERGY WATER PUMPING N	MAGDALENA COLOMBIA	
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retui	rn all correspo	ndence concerning this matter	to the following:	
		JAIME ESPINOSA		
			Name of Person	
		MYCOL LLC		
			Firm/Company	
		630 FIRST AVENUE 29L		
			Address	
		NEW YORK, N.Y. 10016		
			City/State and Zip Code	
		JAIME7MIL@GMAIL.CO	M to be used for future annual report notifi	cation)
For further	information c	oncerning this matter, please co	•	cation
JAIME ES	PINOSA		518 2580613	
	Name o	f Person		Telephone Number
Enclosed is	s a check for th	ne 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. SOLAR ENERGY WATER PUM	DING MAGDAI	ENA COLOMBIA II	SEC 15 SEC
		pany as it now appears	
	(A Florida Limite	d Liability Company)	-6 ASSE
The Articles of Organization for this Limited I	Liability Compar	ny were filed on $\frac{02/1}{2}$	3/2015 and assigned
Florida document number L15000027759	·		
This amendment is submitted to amend the fol	lowing:		∂ς. 19 ± 19 ± 11 ± 11 ± 11 ± 11 ± 11 ± 11
A. If amending name, enter the new name	of the limited lia	ability company he	<u>re</u> :
XXXX			
The new name must be distinguishable and contain the	words "Limited Lia	ability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	XXXX	
(Principal office address MUST BE A STRE	ET ADDRESS)		
		xxxx	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and registered agent and/or the new registered of	_		our records, enter the name of the ne
Name of New Registered Agent:	XXXX		
New Registered Office Address:	XXXX		
		Enter Flori	da street address
	XXXX		, Florida XXXX
		City	Zip Code

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

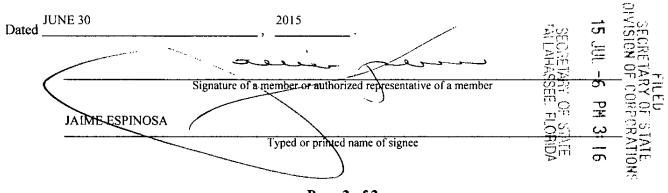
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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 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:

<u>Title</u>	<u>Name</u>	<u>Address</u>		DIVISION pe of Actio
AMBR	OZZ SOLAR DEVELOPMENT IN	20 FLORAL PARKWAY	表型「	TA ATEL
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G	GRUPO INASSA 51%
V	1YCOL LLC 16.34%
2	RATTAN HOLDING 16.33%
)	OZZ SOLAR DEVELOPMENT INC. 16.33%
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e	ve date, if other than the date of filing:



Page 3 of 3

Filing Fee: \$25.00