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TO:

TO:	Registration Se Division of Cor			
SUBJI	ECT: _	RTL ENER	GY SERVICES, LLC	
(14) 1341	_	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
	SMITH. TODD D			
			Name of Person	
		RI	L ENERGY SERVICES, LLC	
			Firm/Company	
	709 ROUGHBEARD ROAD			
Address				
			WINTER PARK, FL 32792	
			City/State and Zip Code	
		SMITI	H.TODD@RTLENERGY.COM	
		E-mail address: (to be used for future annual report no	otification)
For fu	rther information c	oncerning this matter, please ca	all:	
	Si	MITH, TODD D	at (407)	808-5149
	Name o	f Person	at () Area Code Dayti	ime Telephone Number
	sed is a check for th	ne following amount: \$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)
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive	orations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RTL ENERGY S	ERVICES, LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Torida document number	were filed on	06/05/2003	and assigned	
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	signation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)	men dan.			
			æ .	
		-	23.55 23.55	
nter new mailing address, if applicable:			<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)	-			
			0R N	
			5	
3. If amending the registered agent and/or registered o	ffice address on	our records, <u>enter</u>	the name of the	
egistered agent and/or the new registered office address her	<u>:e</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florid	la 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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	HENSON, LARRY B		🗆 Add
		13617 BATES ASTON RD, HASLET, TX 76052	⊠ Remove
			Change
			🖸 Add
			□ Remove
			Change
			D Add
			D Remove
			□ Change
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). If amending	any other information, en	ter change(s) here:	(Attach additional sh	ects, if necessary.)	
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(If an effective do Note: If the c	te, if other than the date of ate is listed, the date must be spec date inserted in this block doe ffective date on the Departme	ific and cannot be prior to s not meet the applicab	date of filing or more than le statutory filing requir	(optional) 90 days after filing.) Pursuar rements, this date will not	nt to 605.0207 (3)(1 be listed as the
	pecifies a delayed effect day after the record is		an effective time, a	at 12:01 a.m. on the	earlier of:
Dated	JULY 14	2018	-·		
_	- June Signatur	RTL re of a member or authori	ENERGY SEQUICES red representative of a me	mber e	
		TODD D	SMITH		
		Typed or printed	name of signee		

Page 3 of 3

Filing Fee: \$25.00