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COVER LETTER

TO: Registration Section Division of Corporations	•		
SUBJECT: Vea.C	Name of Lim	deling LLC ited Liability Company	
The enclosed Articles of Amendme	nt and fee(s) are sub	mitted for filing.	
Please return all correspondence co	ncerning this matter	to the following:	
	Kevi	Name of Person	
<u>V</u> e		Name of Person 10deling LLC Firm/Company	
18	06 N.W	10th Terr	
<u>—</u>	kcveach	City/State and Zip Code City/State and Zip Code Com to be used for future annual report notifi	ication)
For further information concerning	this matter, please ca	all:	
Name of Person	h	at (352) 672-2 Area Code Daytime	Telephone Number
Enclosed is a check for the following \$25.00 Filing Fee \$30.	-	☐ \$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

FILED 2014 MAR -3 PM 12: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA Liability Company as it now appears on our records.)
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number LO400007703 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Gainesuile Green Energy Options, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." SAMe Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) same Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address , Florida

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

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date The effective date must be specific, cannot be p the date this document is filed by the Florida E	e of filing:(optional) prior to date of receipt or filed date and cannot be more than 90 days after Department of State)
the date this document is filed by the Florida I	e of filing:
the date this document is filed by the Florida I	Department of State)
Dated 2/27/900 Kevin	Department of State)
Dated 2/27/300 Kevin	Department of State) 1 2014. Veauh

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