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SECRETARY OF STATE
ALLAHASSEE, FINALE

COVER LETTER

T\O: Registration Section Division of Corporations	
SUBJECT: State Energy Con Name of Limited Liability	onservation III
The enclosed Articles of Amendment and fee(s) are submitted for fil	ing.
Please return all correspondence concerning this matter to the follow	ing:
Grace &	f Person
State French	amservation
115 NW 2nd F	SECRE TANY OF STATE DAY OF STATE ORIDA
K. Lauderde City/State a	nd Zip Code
E-mail address: (to be used for the	inture annual report notification)
For further information concerning this matter, please call:	
Name of Person at (Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certificate	Filing Fee & S60.00 Filing Fee, fied Copy tional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ Florida document number LDSCOCC This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "Limited Liability Company," the designation "Limited Liability Company," and the second seco "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 608, 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.

T:41-	N C	4.4.1	Toma of Action
<u>Title</u>	<u>Name</u>	Address	Type of Action
7	Richard S. Acknow	DO Via Tuscasy loop Lake Mary, Fr. 3074	Add X Remove
NE FW	Richard Actornan	HE Landondole, Fl 3331	Add Remove
			Add Remove
		LLAHASS	Add Remove
***		E. F. C. R.	Add C
		Omi >	_ ~ ∏Add
			Remove
D. If amend	ling any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_
D. If amend	ling any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	

'If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00