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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 15 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sunshine Home Properties, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James E. Fesmire

Name of Person

Sunshine Home Properties, LLC

Firm/Company

2611 Ivory Way

Address

Titusville, FL 32780

City/State and Zip Code

trombogenic@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James E. Fesmire

Name of Person

at (321) 268-1979

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

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Sunshine Home Properties, LLC

(Name of the Limited Liability Company as it now appears on our records) TALLAHASSEE, FLORIDA
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/17/2007 and assigned
Florida document number L07000124514.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Energy Evolution LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(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:

Debra H. Fesmire

New Registered Office Address:

2611 Ivory Way

Enter Florida street address

Titusville

Florida

32780

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 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.

Debra H. Fesmire
If Changing Registered Agent, Signature of New Registered Agent

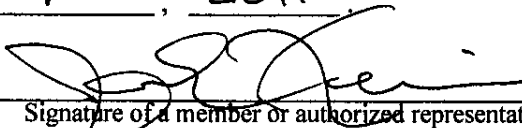
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	William S. Fesmire	17815 Almond Rd. Castro Valley, CA 94546	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Debra H. Fesmire	2611 Ivory Way Titusville, FL 32780	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 9, 2011



Signature of a member or authorized representative of a member

James E. Fesmire

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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