L08000035688

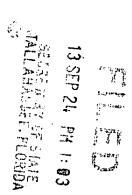
7-11-12
MAIL
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Office Use Only



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09/24/13--01008--018 **30.00



COVER LETTER

TO: Registration Second Division of Corp			
SUBJECT:	MB Ener	ay Services, L	LC
The Control of the Control	Name of Limit	d Liability Company	
	and the second s		M _s
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	·
	Braton	Cole Name of Person	
	Bay4 Ex	nergy Services (LC
	311 N B	ayshore Driv-	e
		Address	
	Safety +	City/State and Zip Code enyonenergy. Cor o be used for future annual separation notification	95
		City/State and Zip Code	
	boole ock	enyonenergy, com	n on)
For further information as			on,
	ncerning this matter, please ca		MI ,
Brato	d Cole	at (727) 608-20 Area Code & Daytime Te	22
Name of I	Person	Area Code & Daytime Te	lephone 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)
Registrat Division P.O. Box	,	STREET/COURIER Registration Section Division of Corporatio Clifton Building	ns
Tallahass	see, FL 32314	2661 Executive Center Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CMB Energy.	Services LLC
(<u>Name of the Limited Liability Colypan</u> (A Florida Limited Lia	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v	were filed on $4/8/08$ and assigned
Florida document number <u>L08000035688</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Bay4 Energy Services LL	E
Bay 4 Energy Services LL The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	70 / /) * Agg 13
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	A / A The second of the second
	10 / F -11 -12 -13 -13 -13 -13 -13 -13 -13 -13 -13 -13
B. If amending the registered agent and/or registered offi	ice address on our records enter William will of the new
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	1///
	Enter Flori do street address
	City , Florida 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.

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> Type of Action Add Remove Add Remove Remove Add Remove Remove Remove

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
	1//
Dated	9/20, 2013.
	Clus M. Bills
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member (1) M B dd nger
-	Typed or printed name of signee
	Page 3 of 3

Page 3 of 3

Filing Fee: \$25.00

