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EXAMINER

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COVER LETTER

Division of Corp	orations		
SUBJECT:	TEN E(O BIO (Name of Limi	diesel UC ted Liability Company)	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Andrei Bolo	(Name of Person)	·
	Alter Eco R	Siodiese LLC	
	446 Knigts	-	Z009 AUG SECRETA
	Davenport,	FL 33996 (City/State and Zip Code)	HASSEE, FLORI
For further information co	ncerning this matter, please ca	મી:	
Andrei Bolon		at (407_)_ 448 - ((Area Code & Daytime T	
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

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

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

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our recor ability Company)	·ds.)		
The Articles of Organization for this Limited Liability Company	were filed on June 13	2008 and assigned		
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
Alter Eco Energy	, LLC			
The new name must be distinguishable and end with the words "Limit" "L.L.C."	ed Liability Company," the design	nation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	. TAIS	21		
(Principal office address MUST BE A STREET ADDRESS)	ECRI			
	AZ A	6		
	RY OF			
Enter new mailing address, if applicable:	FLOR	ان		
(Mailing address MAY BE A POST OFFICE BOX)	WID A	27		
	•			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the new		
	•			
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address			
	<u>.</u>	rida(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent:	(City)	(Lip Code)		
THE PARTY OF THE P				

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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.

MGR = Ma	anager Managing Men	nber				
<u>Title</u>	<u>Name</u>		<u>Address</u>			Type of Action
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-			<u> </u>			Remove
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	•				2000 AUG -4 P 3: 27 SECRITARY OF STATE TALLA LASSEE, FLORIDA	
					REA 27	
•						☐ Add ☐ Remove
D. If amer	ading any other	· information, ent	er change(s) here: (Attach add	ditional sheets	. if necessarv.)	
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•						
	717 A 1.A					
Dated /	130/08	10	, D			
		Signature of	a member of authorized represent	tative of a mem	ber	+ · · · · · · · · · · · · · · · · · · ·
	 	ANDPIE	RoLon Typed or printed name of sign	nee	-	

Page 2 of 2

Filing Fee: \$25.00