## 20800106092

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UEU 022008
EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJEÇT: NIMS S	Services, LLC		
		ited Liability Company)	_
5			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	A. Michael Gibson		
		(Name of Person)	
	G2 Fuel Technologies, L	LC	
		(Firm/Company)	
	2655 Ulmerton Rd Ste 1		
		(Address)	
	Clearwater, FL 33762		
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	ali:	
A. Michael Gibson		at ( 877 <sub>)</sub> 411-9888	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he 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

NIMS Services, LLC

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

(Name of the Limited Liability 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 NOV 14, 2008	and assigned
Florida document number L08000106092		8
This amendment is submitted to amend the following:		DU 26
A. If amending name, enter the new name of the limited liab	oility company here:	2 0
	·	· ·
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the desi	ignation "LLC", or the abbreviation
Enter new principal offices address, if applicable:	1935 Northfork Circle	
(Principal office address MUST BE A STREET ADDRESS)	Clearwater, FL 33760	
Enter new mailing address, if applicable:	2655 Ulmerton Rd Ste 12	3
(Mailing address MAY BE A POST OFFICE BOX)	Clearwater , FL 33762	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)	
		orida
	(City)	(Zip Code)

(If Changing Registered Agent, Signature of New 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

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM .	Michael A. Nicholas	18300 E. 71st Ave #150 Denver, CO 80249	Add Remove
<u>MGRM</u>	Arthur L. Peterson	15860 Jester Court Dumfries, VA 22025	Add Remove
			Add Remove
<del></del>			Add Remove
			☐ Add   ☐ Remove ☐ ☐ Add
D. If amen	nding any other information, enter	change(s) here: (Attach additional sheets, if no	Remove
	any other information, enter		
Dated	November 20	<u> 3008</u> .	
	Signature of a m	nember or authorized representative of a member	
	A. Michael Gibson		
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00