

LD9000094778

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(Business Entity Name)

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2011 MAY -9 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 10 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Energy Cost Solutions Group, 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:

Jason Biondi

Name of Person

Energy Cost Solutions Group, LLC

Firm/Company

3250 Mary St., Suite 305

Address

Coconut Grove, FL 33133

City/State and Zip Code

jbiondi@ecsgllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Biondi

Name of Person

at (786)

897-7783

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

FILED
2011 MAY -9 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Energy Cost Solutions Group, LLC

(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 10-01-2009 and assigned
Florida document number L09000094778.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3250 Mary Street, Suite 305

(Principal office address MUST BE A STREET ADDRESS)

Coconut Grove, FL 33133

Enter new mailing address, if applicable:

3250 Mary Street, Suite 305

(Mailing address MAY BE A POST OFFICE BOX)

Coconut Grove, FL 33133

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:

Jason Biondi

New Registered Office Address:

3250 Mary Street, Suite 305

Enter Florida street address

Coconut Grove

Florida

33133

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.


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

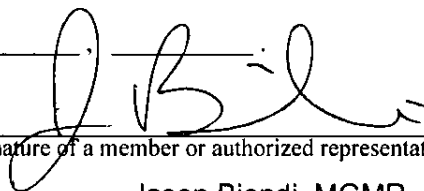
Title	Name	Address	Type of Action
MGRM	Hamed Rodriguez	6705 Red Road, Suite 508 Coral Gables, FL 33143	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated

4/29/2011



Signature of a member or authorized representative of a member

Jason Biondi, MGMR

Typed or printed name of signee