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(Requestor's Name) (Address) (Address)	700166969927			
(City/State/Zip/Phone #)	01/25/1001056005 **60.00			
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	DIVISION OF CORPO			
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COVER LETTER

TO: Registration Section Division of Corporations

Vorldwide Energy Management Services, LLC Name of Limited Liability Company SUBJECT: US Green

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

Please return all correspondence concerning this matter to the following:

Alicia Gonzalez Name of Person US Green World Wide Energy Management Services, LLC P.O. BOX 368377 Address Bonita Springs EL 34136 CityHate and Zip Code Q. gonzalez @lambcon.com Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hlina at (239) 949. 9200 Area Code & Daytime Telephone Number bonzalez

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) 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

ICL<u>E FRENGY Management Services, LL</u>C a Liability Company as it now appears on our records. A Florida Limited Liability Company) US Green WOFLA Name of the Lin

The Articles of Organization for this Limited Liability Company were filed on  $\overline{January 13,2010}$  and assigned Florida document number  $\underline{L10000004624}$ .

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (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:

			JAN	IONE
Name of New Registered Agent:				<u>o</u> t-
			ហ	ON D
New Registered Office Address:				<u></u>
	Enter I	Florida street address	12	يبق
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		, Florida	$\sim$	AA
	City	Zip	Code	<u>o</u> m
Dedictored Agent's Signature if changing Dedict	and Agants	•		S

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Actio	<u>on</u>			
MGRN	1 Lynn Stone	145 Spring Lakettills Dr. Altamonte Springs, FC 327/4	Add Remove				
M <u>GR</u> M	Frank Siciliano	145 Spring Lake Hills Dr. Altamonte Springs, FL 32714	Add Remove				
*********			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
D. If ame	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	10 JAN	SECRI			
-			- 10 co	FILE			
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Dated		Handa Handa To a authorized representative of a momber		TIONS			
	Joseph K. L	amb. Sr. d or printed name of signee					
Page 2 of 2							

Filing Fee: \$25.00

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