Florida Department of State

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ECO NRG SYSTEMS FLORIDA, LLC

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1/29/2014

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COVER LETTER

TO: Registration Se Division of Cor		·						
ECO NRO SUBJECT:	3 Systems Florida, LLC							
Name of Limited Liability Company								
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return all correspo	andence concerning this matter	to the following:						
	Thomas P. Maletta							
		Name of Person						
	ECONIG	Systems Flori	da, LLZ					
	1170 Registry Boulevard	<i>типи</i> Сошралу	•					
		Address						
	St. Augustine, FL 32092							
	tmaletta@econrgsystems.cc	City/State and Zip Code um						
	E-mail address: (t	o be used for future annual report notificat	ion)					
For further information of	concerning this matter, please c	all:						
Thomas P. Maletta		904 940-5008 at ()						
Name	of Person	Area Code & Daytime To	elephone Number					
Enclosed is a check for the	he following amount:							
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Cl\$55.00 Filing Fee & 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

2014 JAN 29 AM 9: 18

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARIL OF STATE TALLAHASSEE, FLORIDA

ECO NRG Systems Florida, LLC				
(Name of the Limite	d Liability Comma A Fiorida Limited I	ny as it now ar Jability Compa	mears on our records.) ny)	
The Articles of Organization for this Limited I Florida document number	Liability Company	were filed on	February 11, 2010	_ and essigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company	bere:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Co	ompany," the designation "LLC	" or the abbreviation
Enter new principal offices address, if appli	cable:	 		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		St. Augustine, FL 32092 ffice address on our records, enter the name of the news:		
Name of New Registered Agent:	Thomas P. Mal	etta		
New Registered Office Address:	1170 Registry l	Boulevard		
*			Enter Florida street addres	s
	St. Augustine		Florida	<u> </u>
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg being filed to merely reflect a change in the	proper and comp istered agent as p	lete performa provided for i	nce of my duties, and I am n Chapter 608, F.S. Or, if i	familiar with one his document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 Type of Action <u>Title</u> Name Address MGRM 300 Parsons Road Georges E. Alexia Add Okanagan Falis BC V0H 1-R# Remove MGRM Thomas P. Maletta 1170 Registry Boulevard St. Augustine, FL 32092 Remove MGRM 1170 Registry Boulevard Sandra M. Maletta Add St. Augustine, FL 32092 Remove MGRM Michael S. Smith 15 Pioneer Lane Myrde Beach, SC 29577 Remove Add Remove Add Remove

. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated_	October / 9 , 2013
	Thorison A Mall Market Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Thomas P. Maletta
	Typed or printed name of signee

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Filing Fee: \$25.00