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·COVER LETTER

то:	Registration Se Division of Cor			
611D 11	500, LLC.			
SUBJE		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ALEJANDRO D GRAVII	ER .	
			Name of Person	
		HLB GRAVIER LLP		
			Firm/Company	
		396 ALHAMBRA CIRCL	E SUITE 900	
			Address	
		CORAL GABLES, FL 33	134	
			City/State and Zip Code	
		PRODRIGUEZ@HLBGRA	AVIER.COM to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	·	
	ANDRO GRAVIE		305 446-3022	
	Name o	l Person	at ()	Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$25	5.00 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**

500. LLC.			
(Name of the Limited Lia (A Flo	ibility Company as it now appe orida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability	y Company were filed on _	03/05/2010	and assigned
Florida document number L10000025003	·		
This amendment is submitted to amend the following	ti.		
A. If amending name, <u>enter the new name of the l</u>	limited liability company l	<u>here</u> :	
The new name must be distinguishable and contain the words "I	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 AD	(DRESS)		
			
Enter new mailing address, if applicable:	 		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
3. If amending the registered agent and/or re registered agent and/or the new registered office a	Ç.	on our records, <u>e</u>	nter the name of the
Name of New Registered Agent:			
New Registered Office Address:	Entar El	orida street address	
	City	, Florid	a Zip Code
	()fv		

accept the obligations of my position as registered agent as provided for in Chapter 605, 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Energy Capital Management and C	c/o 396 Alhambra Circle Suite 900	B Add
	Consulting, LLC	Coral Gables, FL 33134	Remove
			Change
MGR	GF Developers Group LLC	396 Alhambra Circle Suite 900	
		Coral Gables, FL 33134	□ Remove
			Change
			□ Add
			☐ Remove
			Change
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Tective date, if other than the date in effective date is listed, the date must be spote: If the date inserted in this block discument's effective date on the Departi	pecific and cannot be prior to date of t loes not meet the applicable status	(opt iling or more than 90 days afte tory filing requirements, th	er filing.) Pursuant to 605,020
record specifies a delayed effo The 90th day after the record i		ective time, at 12:01	a.m. on the earlier of
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August 23	2017		一连第一7
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ated August 23	. 2017		FIL 7 AUG 31 7 AUG 31 8 JANASS
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Filing Fee: \$25.00