## L10000054565

| (Re                                     | questor's Name)     |                |
|---|---------------------|----------------|
| (Address)                               |                     |                |
| (Ad                                     | dress)              |                |
| (Cit                                    | y/State/Zip/Phone # | <del>/</del> ) |
| PICK-UP                                 | WAIT                | MAIL           |
| (Bu                                     | siness Entity Name  | ·)             |
| (Do                                     | cument Number)      |                |
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## **COVER LETTER**

| TO: Registration Section Division of Corpor |   |                |
|---|---|----------------|
| SUBJECT:                                    | al Energy Stratugus Group Name of Limited Liability Company   |                |
| The enclosed Articles of Am                 | endment and fee(s) are submitted for filing.  |                |
| Please return all corresponde               | nce concerning this matter to the following:  |                |
| ·   | Lawfin Susta  |                |
|   | Name of Person  |                |
| -   | Firm/Company  |                |
| _   | ,   |                |
|   | 113 S. Monvol St.  113 S. Monvol St.  City/State and Zip Code  Jerum W real egg. com  E-mail address; (to be used for future annual report portification) |                |
| -<br>-                                      | City/State and Zip Code  Jeffery (W. Flad light Communication)  E-mail address: (to be used for future annual report potification)                        | Eg 5 TI        |
| For further information conc                | erning this matter, please call: $857 - 20/-7339$   | AHETEN S       |
| Low ton Si                                  | 15 MC at (SCI) 313-0979-  | _ Fig. 22      |
| Name of Pe                                  | rson Area Code & Daytime Telephone Number   | 3: 22<br>ORMAL |

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

| Name of the Lithited Mability Company as It now appears on our records.)  (A Florida Limited Liability Company)                       |  |  |  |  |
|---|--|--|--|--|
| The Articles of Organization for this Limited Liability Florida document number 40 -5656  | Company were filed on $5 \cdot 26 \cdot 2010$ and assigned $5$ .   |  |  |  |
| This amendment is submitted to amend the following:   |  |  |  |  |
| A. If amending name, enter the new name of the li  Real Energy - G  The new name must be distinguishable and and with the v  "L.L.C." | mited liability company here:    Envivonment Stratus Grapus   Vords "Limited Liability Company," the designation "LLC" or the abbreviation |  |  |  |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADd                                   | J.L. SusAC =<br>113 South Monroe St. Tollahusser Flands  |  |  |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 113 South Monvolos 72<br>Tallahassey H 3230  |  |  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office a  | gistered office address on our records, enter the name of the new ddress here:   |  |  |  |
| Name of New Registered Agent:  New Registered Office Address:   | 13 Suth Mourre St.  Enter Florida street address  Tallahuse, Florida 3230/  Zip Code   |  |  |  |
| New Registered Office Address.  | Enter Florida street address  [allahung, Florida 3230]   |  |  |  |
| New Registered Agent's Signature, if changing Register  |  |  |  |  |

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

Page 1 of 3

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 = Mar<br>MGRM = M | nager<br>Ianaging Member |                                      |                |
|-----------------------|--------------------------|--------------------------------------|----------------|
| <u>Title</u>          | Name                     | Address                              | Type of Action |
| MOR                   | J.L. Suste               | 1135. Monvoe St.                     | Add            |
|                       |                          | 1135. Monvoe St. Tallaburre, FL 3230 | Remove         |
|                       |                          |                                      | Add            |
|                       |                          |                                      | Remove<br>Pri  |
|                       |                          |                                      | -8 PH          |
|                       |                          |                                      | 22<br>Remove   |
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| <del></del>           |                          |                                      |                |
| 4.                    |                          |                                      | Remove         |
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| f amending any | other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|----------------|--|
| ·              |  |
|                | · ·  |
|                |  |
|                |  |
|                |  |
| d              | ,  |
| -              | Signature of a member or authorized representative of a member                     |
| _              | UX / 7/9/13  |
|                | Page 3 of 3  |
|                | Filing Fee: \$25.00  |

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