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DEC 21 2010

EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Custon	n Energy, LLC		
		ted Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	#14#14#14#14#14#14#14#14#14#14#14#14#14#	Shimon Levy		
		Name of Person		
Custom Energy, LLC				
		Firm/Company		
	One F	inancial Plaza, Suite 2212	2	
		Address		
	Fort L	auderdale, Florida 33394		
		City/State and Zip Code		
	. E-mail address: (N/A to be used for future annual report not	Healian)	
For further information	concerning this matter, please of		# #")"!"	
	Shimon Levy	at (<u>954</u>)	358-1533	
Name of Person		Area Code & Dayti	me Telephone Number	
Enclosed is a check for	the following amount:			
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	LING ADDRESS: stration Section	STREET/COUF Registration Sect	RIER ADDRESS:	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**************************************	Custom Energy	, LLC			
(<u>Nams</u>	of the Limited Liability Company as i (A Florida Limited Liability	I now appears y Company)	on our records.)		
The Articles of Organization for	this Limited Liability Company were	filed on	August 9, 2010	and assigned	
Florida document number	L10000083356				
This amendment is submitted to	amend the following:				
A. If amending name, enter th	e new name of the limited liability co	ompany here	:		
The new name must be distinguished L.L.C."	able and end with the words "Limited Lia	bility Compan	y," the designation "LL	C" or the abbrevia	 ition
Enter new principal offices add	dress, if applicable:				
Principal office address MUST	BE A STREET ADDRESS)	and the same of th		1	
				<u> </u>	
					# , 40 3
Enter new mailing address, if a	pplicable:	,		C2	
Mailing address MAY BE A PC	OST OFFICE BOX)				ال سيزومم
				77	- F
	and the state of t				[₁ , , , , ,
B. If amending the registere	d agent and/or registered office ad	ldress on ou	r records, enter the	name of the r	iew
<u>egistered agent and/or the nev</u>	v registered office address here:				
Name of New Registere	ed Agent:	***************************************			a-rese
New Registered Office	Address:				
		Enter Florida street address			
			, Florida		
	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	<u>Name</u>	Address	Type of Action
MGRM	Rafael Benchaya	One Financial Plaza, Suite 2212 Fort Lauderdale, Florida 33394	Add Z Remove
			Add Remove
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			Add Remove
			Add Remove
The second section of the section of			Add Remove
D. If amendin	g any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
Dated	December 15 2	2010 . / .	
Dated	,	5 Ca. N.	
_	Signature of a member		
	Sh		
	Tyne	nimon Levy, MGMR	

Page 2 of 2

Filing Fee: \$25.00