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COVER LETTER

Registration Section

TO:

Division of C	orporations					
SUBJECT:	Sneray Environm	ental Management	i. LLC			
SUBJECT.		ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.				
Please return all corres	pondence concerning this matter	r to the following:				
		Andrew M. Reed				
Name of Person			-			
	Law Office of Andrew M. Reed			_		
		Firm/Company				
		1828 S. Florida Ave.				
		Address		-		
		Lakeland FL 33803				
		City/State and Zip Code		4		
	E-mail address: (ndy@polklawyer.com to be used for future annual repo	ort notification)	SE(1 0	
For further information	concerning this matter, please		,	AHA	SEP	-71
1 of further information	tooneetting tills matter, product			ARY SSE	င်	一
· · · · · · · · · · · · · · · · · · ·	ndrew M. Reed	at (<u>863</u>)	687-1771	Y OF	Ħ	П
Name	e of Person	Area Code &	Daytime Telephone Number	STATE LORIDA	en E	D
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 en	nclosed) Certifie	iling Fee, eate of Stated Copy onal copy is		osed)
Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	Registration Division of Clifton Buil	Corporations Iding Itive Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Snergy Environr	mental Manageme	nt, LLC	
(<u>Name of the Limited Liability</u> (A Florida L	imited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Conference L10000089356	ompany were filed on	08/25/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limi</u>	ted liability company her	<u>·e</u> :	
,	mental Management,		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compa	nny," the designation "L	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	<u>(ESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TEAHASSEE, FLO	FILED 10 SEP -9 AN EN
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, enger	
Name of New Registered Agent:			
New Registered Office Address:	Er	nter Florida street ada	lress
		. Florida	
	City	, 1 101 Idii	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 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 **Address Type of Action** Title <u>Name</u> ___ Add Remove ☐ Add Remove ☐ Add Remove Add Remove $\prod Add$ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 1 2010 Signature of a member of authorized representative of a member Andrew M. Reed Esq., authorized representative Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00