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# **COVER LETTER**

то:	Registration Se Division of Cor				
C1:D 1C		CAPITAL MANAGEMENT A	ND CONSULTING, LLC.		
SUBJE	.c.:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
	·	ALEJANDRO D GRAVIE			
			Name of Person		
		HLB GRAVIER LLP			
		Firm/Company			
		396 ALHAMBRA CIRCL	SUITE 900		
			Address		
		PRODRIGUEZ@HLBGR/	City/State and Zip Code		70 1
			to be used for future annual report notif	ication)	三、訂工
For fur	ther information c	oncerning this matter, please co	all:		FILED FILED
ALEJANDRO GRAVIER			305 446-3022 at ()_		
	Name o	f Person	Area Code Daytime	Telephone Number	- 12 G
Enclose	ed is a check for th	ne following amount:			
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
	MAILI	ING ADDRESS:	STREET/COURII	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENERGY CAPITAL MANAGEMENT AND CONSULTING, LLC.

# (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/10/2011 and assigned Florida document number L11000003673 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name20f the new

## New Registered Agent's Signature, if changing Registered Agent:

registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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	Alejandro D. Gravier	c/o 396 Alhambra Circle Suite 900	<b>:</b>
		Coral Gables, FL 33134	Remove
			☐ Change
MGR	GF Developers Group LLC	396 Alhambra Circle Suite 900	
		Coral Gables, FL 33134	Remove
			☐ Change
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ffective date, if other than the	A.A. of Gibana	
an effective date is listed, the date mus	be specific and cannot be prior to date of filing or mock does not meet the applicable statutory filin	(optional) nore than 90 days after filing.) Pursuant to 605.0 g requirements, this date will not be listed
e record specifies a delayed The 90th day after the rec	effective date, but not an effective toord is filed.	time, at 12:01 a.m. on the earlier
ated August 23	. 2017	
	$\bigcirc$	
	Signature of a member or authorized representative	of a member
	( )	
Alejandro D Gravier	`	

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Filing Fee: \$25.00