L11000003777

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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05/26/15--01038--023 **25.00

2015 MAY 26 PH 2: 43

COVER LETTER TO: Registration Section . **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Corporate Services International Consulting Group. Luc NW 165th St. PHS F1. 33169 City/State and Zip Code For further information concerning this matter, please call:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 MAY 26 PM 2: 43

SECRETARY OF STATE

Fluence	Investments	LLC	TALLAHASSEE	FLORIDA
(Name of the Limit	ed Liability Company (A Florida Limited Liab	as it now appears on our recollity Company)	ords.)	
The Articles of Organization for this Limited Li	ability Company w	ere filed on $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	2011	and assigned
Florida document number <u>L11 00 000 3</u>	777			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabili	y company here:		
The new name must be distinguishable and end with the	words "Limited Liabilit	y Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)		 	
				<u>, , , , , , , , , , , , , , , , , , , </u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
				<u> </u>
B. If amending the registered agent and registered agent and/or the new registered o		ce address on our rec	ords, <u>enter the</u>	name of the new
Name of New Registered Agent:	Corporate	Services Inter	national	consulting Group
New Registered Office Address:	290	UW 165th St. Enter Florida street ac	PHS Idress	——————————————————————————————————————
	<u> </u>	City	, Florida <u>33</u>	5 69 Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registers	ed agent and agree	to act in this capacity	I further garee	to comply with the

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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
HGRM	Adriana B. Ferreri	290 NW 165 St. PHS	□ Add
		Miami F1- 33169	Remove
11601	<u> Mariana Panteix</u>	290 NW 165th st. PHS	
HGLH	MULICITIC POLITER		
		Miami P1. 33169	Řemove
<u>HGRH</u>	Angeles Pantieix	200 NW 1/5 St DHE	
MONDA	mycio iamex	290 NW 165 St. PHS	Add
		Mami Pl. 33169	Remove
<u>46R4</u>	Juan C. Percz	290 NW 165thst. PHS	 □ Add
10101	JONAL! CFICISF		
		Mirmi fl. 33169	K Remove
MGR	Team Beal Estate	290 NW 165 St. PHS	 X A44
	Management, LC		•
	· 3 ·	Hiami Pl. 33/69	Remove
			□ Add
			🗕 Auu
			Remove

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		<u></u>	<u> </u>
			
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effective date i	if other than the date of filing: nust be specific, cannot be prior to date of rece	ipt or filed date and cannot be more tha	(optional) n 90 days after
effective date to date this docur	nust be specific, cannot be prior to date of rece	ipt or filed date and cannot be more that :)	(optional) n 90 days after
effective date to date this docur	nust be specific, cannot be prior to date of rece nent is filed by the Florida Department of State	ipt or filed date and cannot be more that :)	(optional) n 90 days after
effective date i	nust be specific, cannot be prior to date of recent is filed by the Florida Department of State (ipt or filed date and cannot be more that :)	n 90 days after

Page 3 of 3

Filing Fee: \$25.00

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