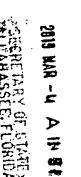
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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MAR 1 2 2019 T. LEMIEUX

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
CHD IE		- Holdings, LLC		
SUBJE	.CI:	Name of Limit	ed Liability Company	<del></del>
The end	closed Articles of a	Amendment and fee(s) are subm	nitted for filing.	
Please	return all correspon	ndence concerning this matter to	o the following:	
		L. Collins Proctor, Sr.		
		kW Control - Holdings, LLC	Name of Person	<del>-</del>
		1834-A Jaclif Court	Firm/Company	
		Tallahassee, FL 32308	Address	<del></del>
		cproctor@FSMenergy.com	City/State and Zip Code	<del></del>
		E-mail address: (to	be used for future annual report notific	cation)
For fun	ther information co	oncerning this matter, please cal	11:	
L. Coll	ins Proctor		850 322-9763 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
<b>■</b> \$2:	5.00 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:

TO:

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**

kW Control - Holdings, LLC

(Name of the Limited Liability Company as it now appears on our relied A - 4 A | D | E |

The Articles of Organization for this Limited Liability Company	were filed on 1/28/2	MIALL AHASSEE F	and a signed
Florida document number L11000012205			COMON.
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here	:	
FSM Energy, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desig	gnation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable: $\nu/\rho$ .	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)			
,			
Enter new mailing address, if applicable: 2/13			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
	<del></del> -		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	fice address on o	our records, <u>enter the</u>	name of the new
New Registered Office Address:	_		<u> </u>
		sireei address	
		, Florida	
	,		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	ŕ		
I hereby accept the appointment as registered agent and agraphy provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of m provided for in Ch	y duties, and I am fam apter 605, F.S. Or, if t	iliar with and his document is
If Chai	nging Registered Ager	nt, Signature of New Regist	ered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: N/A MGR = Manager AMBR = Authorized Member **Type of Action** <u>Address</u> <u>Name</u> Title □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change \_□ Add □ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add \_□ Remove \_\_\_\_ Change □ Remove

□ Change

Note: If the	te, if other than the date of filing:	5.0207 ed as
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied day after the record is filed.	er of
Dated 2	15- 2019	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00