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B. BOSTICK
NOV 1 4 2011
EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Every Products Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Jim Leavard Name of Person			
ENVITOTEC ENERGY Products LLC Firm/Company			
Po Box 350605 Address	<del></del> ;		
Palm Coast F2 32135 City/State and Zip Code	ALLAHA:	TWIT	ANTO THE STATE OF
E-mail address: (to be used for future annual report notification)		0 B 4	. 5   . 5
For further information concerning this matter, please call:  Jim Leonard at (386) 585-9566	ORIDA	-1	
Name of Person Area Code & Daytime Telephone Number	er .		
Enclosed is a check for the following amount:			
Certificate of Status Certified Copy Certific (additional copy is enclosed) Certified Copy	iling Fee, cate of Sta ed Copy onal copy	atus &	losed)

### MAILING ADDRESS:

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

(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 Florida document number	were filed on FeB 22 - 2011 and assigned					
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 end with the words "Limit "L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ed Liability Company," the designation "LLC" or the abbreviation  46 Cooper LN  Palm Coast FL 32137					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	46 Cooper LN PC +L 32137					
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here						
Name of New Registered Agent:	Coopee Lu  Enter Florida street address  22137					
New Registered Office Address: 46	Coopee Lu					
Palm	City Florida street address  Florida 32137  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.

16 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Munger	JOE Ricker	27 Webs LN Palm COAST FL 32164	Add Remove
Manges	Jim Loomad	Palm Cont FL 32/3	Add Remove
			Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
	TOE RICKER LCAVIN	e(s) here: (Attach additional sheets, if necessary  Tim Leward Taking	
		ALI AH	7 11 NO.
	Signature of a member  JOE RICKEL	or authorized representative of a member	17
	Typed	or printed name of signee	- · · <del></del>

Page 2 of 2

Filing Fee: \$25.00