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SECRETARY OF STATE

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TO

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J. SAULSBERRY EXAMINER JUL 5 2012

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Generation Hanagement Group Name of Limited Liability Company	LLC FEE T
Name of Limited Liability Company	AFA A
The enclosed Articles of Amendment and fee(s) are submitted for filing.	SECTION IN THE PERSON IN THE P
Please return all correspondence concerning this matter to the following:	STATE FLORID
Suzette Joseph	OF O
Name of Person	· · · · · · · · · · · · · · · · · · ·
	loup LLC
Firm/Company	•
724 Cresta Circle	
Address	
West Palm Beach FL 33	4/3 PES
Suzenhi lo Q uahoo. Com	AHASS
E-mail address: (to be used for future annual report notification)	illon) MX
For further information concerning this matter, please call:	
Suzette Joseph at (56/) 506 - 2 Name of Person Area Code & Daytime	28/1 Sm {
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Generation Hanagement Group 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 Lia	ability Company were filed on _	3-25-11	and assigned	
Florida document number <u>L/10000370</u>	752	•	2012 JUI SECRE	Π
This amendment is submitted to amend the follow	owing:	·	IL-C L-2 ASSER	pastv-
A. If amending name, enter the new name of	the limited liability company	here:	AM 8: 4	a g manag mase ^a
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Co	mpany," the designat	ion "DEC" or the abbrev	iatio
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	TADDRESS)		<u> </u>	15 4
•			SS R	- 14 territ
			<u> </u>	i i
Enter new mailing address, if applicable:				%, ₁₁ ,
(Mailing address MAY BE A POST OFFICE I	BOX)		And the first th	
B. If amending the registered agent and/oregistered agent and/or the new registered of		on our records, <u>er</u>	nter the name of the	nev
Name of New Registered Agent:		•		
New Registered Office Address:		· .	-	
<u></u>		Enter Florida street address		
	. Florida			
	City	, ,	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 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 = Man MGRM = M	nager anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Ricky Joseph	724 Cresta Circle West Palm Brach, FL 334	Add #/3 Remove
MGRM	Esdras Bien-Aime	724 Onsta Circle West Palm Grach, FL 334	Add Remove
 .		,	Add Remove
			Add Remove
	·		Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessor	ZOIZ JUL -2 AH 8x 30 SECRETARY OF STATE
Dated M	Signature of a member	er or authorized representative of a member	ZOIZ JUL -2
		d or printed name of signee Page 2 of 2	FISTALL FESTALL
	ĭ	Filing Fee: \$25.00	" (S