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SECRETARY OF STATE

C. LEWIS

SEP 1 3 2011

EXAMINER

## **COVER LETTER**

	egistration Secti ivision of Corpo			
SUBJECT	AJZ2	ASSOCIATES, Name of Limit	Li C	
The enclos	sed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspond	ence concerning this matter	to the following:	
		ARTHUR E. K	Drove Okon I	,
	,	AKI IIUK E. E.	Name of Person	
			Firm/Company	
		440 SW 5	5 AVE.	<u></u>
			Address	
		PLANTATIO	N, FL. 33317	
		patterson_	N, FL. 33317 City/State and Zip Code Orthur @ Wilsouth. M	net .
	•		o be used for future annual report notifical	
For further	information con-	perning this matter, please ca	all:	
ARTH	Name of Po	ERSON	at (954) 649-915 Area Code & Daytime T	26 elephone Number
Enclosed i	s a check for the	following amount:	,	
<b>\$25.00</b>	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:

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**

FILED

2011 SEP 12 PM 12: 56

AJ 22 ASSOCIATES	h.h.l.		SEGRETARY OF S	STATE
( <u>Name of the Limited Li</u> (A Fl	iability Compan lorida Limited Li	<b>y as it now appears on</b> ability Company)	our records. AHASSEE. FI	AUINU
The Articles of Organization for this Limited Liab Florida document number 411060524	ility Company v			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	<u>1e limited liabil</u>	ity company here:		
ENERGY INNOVATIONS, L. The new name must be distinguishable and end with to "L.L.C."	he words "Limite	ed Liability Company,"	the designation "LLC" or the a	bbreviation
Enter new principal offices address, if applicab	le:	NA		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	N4		
B. If amending the registered agent and/or registered agent and/or the new registered offic			ecords, <u>enter the name of</u>	the new
Name of New Registered Agent:	NA		·	
New Registered Office Address:	NA			
Enter Florida street address				
		- C'	, Florida Zip Code	
New Registered Agent's Signature, if changing Reg	rictored Agent:	City	Zip Code	
new negistered Agent's Signature, it changing Reg	istereu 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
	JACOB P. BRAGG	1149 KOSS ST. ERIE, CO. 80516	Add ✓ Remove
<del></del>	RANDY L. FRENCH	1093 N. COLLIER BLVD. # MARCO ISLAND, FL. 34145	Add Remove
	<u> </u>		Add Remove
			Add Remove
· <del>-</del> · · ·			Add Remove
			AddRemove
. If amend	.1/4	nge(s) here: (Attach additional sheets, if necess	cary.)
			2011 SEP TALLAHA
	1GUST 31,, 20	<u> </u>	EP 12 PH 12: 56 RETARY OF STATE AHASSEE FLORIDA
	Signature of a member of ARTHUR E. PATTER	per or authorized representative of a member	S6

Page 2 of 2

Filing Fee: \$25.00