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COVER LETTER

TO:

Registration Section
Division of Corporations

SHD IFCT.

ESA Renewables V, LLC

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:

Lindsay Herold

Name of Person

ESA Renewables, LLC

Firm/Company

801 International Parkway, Ste 500

Address

Lake Mary, FL 32746

City/State and Zip Code

lherold@esarenewables.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lindsay Herold

*,,,*407,268-6455

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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)

FILED PH 1:15

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

	OF	7		
ESA Renewables V, LLC				
(Name of the Limited	Liability Compan Florida Limited Li	y as it now appears on o	our records.) and assigned.	
(/.	Tiorida Emined Ei	aominy Company)		
The Articles of Organization for this Limited Li	ability Company	were filed on <u>5/19/11</u>	and assigned.	
Florida document number L11000059390			SE TO	
Tiorea document named				
This amendment is submitted to amend the folio	owing:			
A. If amending name, enter the new name of	the limited lighi	lity company horo		
A. If amending name, enter the new name of	me minted napi	nty company here:		
The new name must be distinguishable and end wit	h the words "Limit	ed Liability Company " t	he designation "LLC" or the abbreviation	
"L.L.C."		ou ziuoimy company,	u.o.g	
Enter new principal offices address, if application	able:			
(Principal office address MUST BE A STREE				
17 mespar 077100 mm ess 11 051 22 12 011013	- 1101011111111111111111111111111111111			
Enter new mailing address, if applicable:		801 International	Parkway, Ste 500	
(Mailing address MAY BE A POST OFFICE)	POV)	Lake Mary, FL 32746		
Muning unaress MAT BE A FOST OFFICE	<u> </u>			
B. If amending the registered agent and/o	or registered off	ice address on our r	ecords, enter the name of the new	
registered agent and/or the new registered of				
Name of New Registered Agent:				
New Registered Office Address: 801 International Parkway, Ste 500				
new negloided Office Address.		Enter Florida street address		
	Lake Mary		, Florida <u>32746</u>	
		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 = Manager

MGRM = Managing Member **Address Type of Action** <u>Title</u> <u>Name</u> **MGRM** ESA Renewables I, LLC 801 International Parkway, Ste 500 Lake Mary, FL 32746

		··	
MGRM	ESA Renewables, LLC	801 International Parkway, Ste 500	✓ Add
		Lake Mary, FL 32746	Remove
	<u> </u>		Add Remove
			12 PH
 			
			Remove
			Add
			Remove
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			Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)	
-			
Dated	09/04/2013 ,		
	Signature of a member or authorized representative of a member woniel Ros Rodriguez Typed or printed name of signee		
	Page 3 of 3		
	Filing Fee: \$25.00	2013 SEP 12 PM 1: 16 SECRETARISSEE FLORIDA TALL MENASSEE FLORIDA	