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EXAMINER

COVER LETTER

TO: Registration Division of C				
SUBJECT: AM	ERICA'S CONSUME	ER ENERGY SOLU	JTIONS LLC	
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	to the following:		
		Mazen Marie		
		Name of Person		
		Firm/Company		
	103	20 N. 56th St. Suite 3	40	
		Address		
		Tampa, FL 33617		
		City/State and Zip Code		
	E-mail address: (azen@globalengs.com to be used for future annual repo	rt notification)	
For further information	concerning this matter, please			
	Mazen Marie	at (<u>813</u>)	988-6600	2811 AUG SECRETA
Name	of Person	Area Code &	Daytime Telephone Number	SEE. T
Enclosed is a check for	the following amount:			STA C
4 \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	ing Feering

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

AMERICA'S CONSUMER ENERGY SOLUTIONS LLC

(Name of the Limites	l Liability Compar A Florida Limited L	ny as it now appears on our records.) liability Company)				
The Articles of Organization for this Limited L Florida document numberL1100008	were filed on07/21/2011	and	assigne	:d		
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name o	of the limited liab	ility company here:				
	n/a	L				
The new name must be distinguishable and end wi"L.L.C."	th the words "Limi	ited Liability Company," the designation	ı "LLC" or ı	the abbro	eviation	
Enter new principal offices address, if appli		20	20			
(Principal office address MUST BE A STREET ADDRESS)			58	2>	44.48	
			AS		Abira Pilia	
			333		**	
Enter new mailing address, if applicable:	10320 N. 56th St. Suite 340	E FI				
(Mailing address MAY BE A POST OFFICE BOX)		Tampa, FL 33617	ORID.	9: 1	**************************************	
			DE	€		
B. If amending the registered agent and registered agent and/or the new registered of		<u>e</u> :	r the nam	ne of th	<u>ie new</u>	
Name of New Registered Agent:	iviazen ivian					
New Registered Office Address:	10320 N. 56th St. Suite 340					
		Enter Florida street o	address			
		Tampa Florida	33	3617		
	<u> </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 **Title** <u>Name</u> <u>Address</u> **Type of Action** MGRM Maisa Marie 475 CENTRAL AVE B104 ☐ Add Remove ST PETERSBURG EL 33701 MGRM Mazen Marie 10320 N. 56th St. Suite 340 4 Add Tampa, FL 33617 Remove ☐ Add ☐ Remove ☐ Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Mazen Marie aquired all of Maisa Marie 70% Interest in the LLC 08/01 2011 Dated_ Signature of a member or authorized representative of a member Mazen Marie -MGRM/Kegistered Auent Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00