L1/000089995

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500212643255

09/30/11--01011--016 **25.00

FILED

11 SEP 30 PH 1: 01

SECRETARY OF STATE
WASSEES FLORED

J. BRYAN

001 -3 2011

EXAMINER

COVER LETTER

TO:		ition Section of Corpor			
SUBJE	ст:1	ENER	64 CHOICE P Name of Lin	PREFERENCE UC nited Liability Company	
The end	closed Arti	cles of Am	endment and fec(s) are su	abmitted for filing.	
Please 1	return all c	orresponde	nce concerning this matte	er to the following:	
		_	JOSEPH.	Anderson Name of Person	
		-	ENERGY CH	DICE PREFERENCE Firm/Company	BLLC
		_	1917 N HO	WARD AVE	TILED WESE 30 PH 1: 03 PER SEE FLORIS
		_	TAMPA, FC	3.3607 City/State and Zip Code	
		_	CAPOJA @	to be used for future annual report notifica	tion)
For furt	her inform	ation conce	erning this matter, please	call:	
	Jose	PH A Name of Per	NDERSON)	at (<u>813)</u> 363.966 Area Code & Daytime T	elephone Number
Enclose	d is a chec	k for the fo	llowing amount:		
\$25.	00 Filing F	ee _	\$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 APPRESS			A DDD Foo		AADDDEGG

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) (A Florida Limited Liab	as it now appears on our records.) as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L///OOO 89995</u> .	ere filed on <u>08/05/2011</u> and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	E S TI	
(Principal office address MUST BE A STREET ADDRESS)	PH O	
Enter new mailing address, if applicable:	SSE FEE	
(Mailing address MAY BE A POST OFFICE BOX)	- 1 2 2 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
\overline{C}	ity 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 **Type of Action** Title Name Address MGRM SCOTT HEDGER 1915 N HOWARD AVE TAMPA FL 33607 □ Remove \square \wedge dd Remove ☐ Add ☐ Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member AWOERSON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00