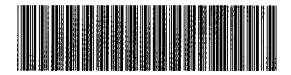
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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE
TALLAHASSEF, EL DOID.

C. LEWIS

NOV 1 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Energy Choice Preference UC - 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:
Colleen Falkouski Name of Person
Energy Choice Preference LLC Firm/Company
1915 N. HOWARD AVe.
Tempa FL 33607 City/State and Zip Code
E-mail address: (to be used for future angual report notification)
For further information concerning this matter, please call:
Colleco Falkaski at (813) 390 - 5708 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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 ARTICLES OF ORGANIZATION **OF**

FILED

2011 OCT 31 PM 2: 30

Name of the Limited L	e Preference iability Company as it now apper lorida Limited Liability Company)	ars on our records.	ECRETARY OF STATE LLAHAS SEE, FLORID	
The Articles of Organization for this Limited Liab		8/5/11	and assigned	
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liability company he	ere:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation '	'LLC" or the abbreviation	
Enter new principal offices address, if applicat	ole:			
(Principal office address MUST BE A STREET	ADDRESS)	······································		
Enter new mailing address, if applicable:	<u> </u>			
(Mailing address MAY BE A POST OFFICE B	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered officers.		our records, enter	the name of the new	
Name of New Registered Agent:	Colleen Falk	iowski		
New Registered Office Address:	1915 D. Howard Ave. Enter Florida street address			
	Tempa	, Florida _	33607 Zip Code	
New Registered Agent's Signature, if changing Re	gistered 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 1 **Address** Scott Hed □ Add Remove Add Remove ∏Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Falkowski as recistered Dated_ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00