L11000134821

(Re	questor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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B. KOHR

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EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corporations	:	in in	Heir	*	*		.~3h
SUBJE	ECT: EFFICIENT	EWERGY Name of Limit	Sowti o	Company	DUTH F	LDAI OA	Lice	
The en	closed Articles of Amendment	and fee(s) are sub	mitted for fili	ng.				P K
Please	return all correspondence conc	erning this matter	to the followi	ng:				Ø
		CAH	u Del	wca_				
	<u> </u>	SOUTH FOR BHOKE OCA HATE E-mail address: (1)	Addr ON FI City/State an	ond lk	wy., 487		٥	
For fur	ther information concerning thi	s matter, please ca	all:					
	Name of Person	3CA	at (<u></u>	54) 609 . G Area Code & Da	348 Lytime Teleph	one Number		
Enclose	ed is a check for the following	amount:						
\$25	- Land	Filing Fee & ficate of Status	Certific	Filing Fee & ed Copy onal copy is encl		\$60.00 Filing Certificate of Certified Co (additional)	of Status &	sed)

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



EFFI UENT EVERLY SOWTIONS OF SOUTH FLORIDA LIC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	City	Zip Code		
	, Florida			
New Registered Office Address:	Enter Florida street address			
		· · · · · · · · · · · · · · · · · · ·		
registered agent and/or the new registered office address here Name of New Registered Agent:	2:			
B. If amending the registered agent and/or registered off	fice address on our records, ente			
Muning dawess MATE DE ATTOST OF FICE DOM	STE. 100 BOCA MATON, FL	33487		
(Mailing address MAY BE A POST OFFICE BOX)	STE IOO	SIGD FAILES		
Enter new mailing address, if applicable:	a 51 Van Vasa Sau	and Drawe		
(Principal office address MUST BE A STREET ADDRESS)	STE. 100 BOCA HATON, FL	33487		
Enter new principal offices address, if applicable:	951 Browen Soun	Drnwy.		
The new name must be distinguishable and end with the words "Limit "L.L.C."	_	۸		
A. If amending name, <u>enter the new name of the limited liabi</u>				
This amendment is submitted to amend the following:				
Florida document number W1000134821				
The Articles of Organization for this Limited Liability Company	were filed on 11 02 11 11	and assigned		

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title Type of Action** Name | **Address** MGAM BRIAN MAHIN Remove ☐ Add ☐ Remove Remove ∏Add Remove 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00