L12000034116

(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:					
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B. BOSTICK
AUG 1 3 2012
EXAMINER

COVER LETTER

TO: Registration S Division of Co		
SUBJECT:	Global Energy Solutions I	
SUBJECT:	Name of Limited Liability Company	
	of Amendment and fee(s) are submitted for filing.	
r rease retain an corresp	٠.	
	Koren Robinson Name of Person	
	Name of Person	
	SKP Firm/Company	
	Firm/Company	
	1200 N Federl Huy Address	
	Address	
	Boca Raton City/State and Zip Code	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
/		
Name	of Person at 561 3-76-0766 Area Code & Daytime Telephone Number 3	í
	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	•
Enclosed is a check for		
\$25.00 Filing Fee	Solution Filing Fee & Solution Status Solution)

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 I	ergy Solu	ny as it now appears on clability Company)	our records.)	
The Articles of Organization for this Limited Lia				and assigned
Florida document number <u>L/20000 34</u>		were fried on		and assigned
Tionda document mamber				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	the limited liab	ility company here:	5KD	
The new name must be distinguishable and end with		, 		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," t	he designation "LI	LC" or the abbreviation
Enter new principal offices address, if applica	ble:	1200 N. Fee	leral Hwy +	‡aoi
(Principal office address MUST BE A STREET	ADDRESS)	1200 N. Fee Bow Raton	FL 33432	12
			مثراً المالية المالية	<u></u>
			(7 1°	
Enter new mailing address, if applicable:		<u> </u>	2 11	
(Mailing address MAY BE A POST OFFICE B			<u>ာ</u> သ	
				2011 00 mg
B. If amending the registered agent and/or registered agent and/or the new registered offi			ecords, <u>enter th</u>	e name of the new
Name of New Registered Agent:	·			
New Registered Office Address:				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Enter F	lorida street addr	ess
			, Florida	
		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 = Man MGRM = M	ager anaging Member		
Title -	<u>Name</u>	Address	Type of Action
MGR	Schimeon Frederick Jr.	1200 N Federal Huy #0 Baca Raton, F1 33432	Add Remove
			Add Remove
	·		Add
•			Remove
·	<u> </u>		Add Remove
			Add Remove
			Add Remove
D. If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if n	ecessary.)
· · · ·	· · · · · · · · · · · · · · · · · · ·		
			12 AUG
Dated		\	10 PH 2:
<u>-</u>	Karen	Robinson printed name of signee	3

Page 2 of 2

Filing Fee: \$25.00