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T. CLINE
NOV-12012
EXAMINER

COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: ELEK HOME ENERGY SO	LUTTONIS LLC.
Name of Limited Liability Con	ipany
	•
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
1274115	11102 211
MIZCHAISZ 5 KL/ Name of Pe	rson
EZIHS HOMIS EI	NISBLY SOLUTIONS LLC.
Firm/Comp	any
<u> 12. 0. 130x' 1473</u> Address	
Address	
111111 1711 1711	370 c/
LAKIS CITY 1-1. City/State and Z	in Code
•	•
AIR SOLUTIONS (a) M. E-mail address: (to be used for futur	e annual report notification)
	の CAS 無料。 かり
For further information concerning this matter, please call:	
ASTAGE AND COSTUS 135	X 2 CL S482
Name of Person	To 268-8483 Area Code & Daytime Telephone Number
	7.1
	Jan
Enclosed is a check for the following amount:	
\$30.00 Filing Fee & Certificate of Status Certified	ng Fee & Copy Certificate of Status &
O	Copy Certificate of Status & Certified Copy
nombus)	al copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:
	Registration Section
•	Division of Corporations Clifton Building
F.O. BOX 0327	Cition Dunang

2661 Executive Center Circle Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELIHE HOME FNIK.	RAY SOLUTIONS	112.		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our record:	<u>s.</u>)		
·	MARCH 162	01A		
The Articles of Organization for this Limited Liability Company	y were filed on Approximately 20 2	and ass	igned	
Florida document number <u>45 - 509 6063</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designat	ion "LLC" or the a	bbreviat	ion
"L.L.C."				
Enter new principal offices address, if applicable:		po d	· · · · · · · · · · · · · · · · · · ·	_
(Principal office address MUST BE A STREET ADDRESS)		~ (i)	#5 [52]	
		<u>주</u> 수 ((*)	
			<u> </u>	
Enter new mailing address, if applicable:	P.O. BOX 1473	<u>. 55 </u>		_ [~~]
(Mailing address MAY BE A POST OFFICE BOX)	LAKIS CITY FE	32056	- 	_ 4,
		(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	417	_
		Ĩ "	0	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		iter the name o	f the n	ew
registered agent and/or the new registered office address no	<u></u>			
Name of New Registered Agent:				
Name of New Registered Agent.				-
New Registered Office Address:	Enter Florida stre	et address		_
	, Florid	laZip 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> **Address Type of Action** ADD AARON MICHAUL RAINBOLT 12.0.130x 1473 Remove LANG CITY ITL 32056 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

Page 2 of 2

Typed or printed name of signee

NITAHEAL

Filing Fee: \$25.00