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SECRETARY OF STATE

## **COVER LETTER**

Registration Section

TO:

Division of Co	orporations		
SUBJECT:	BREEZE FA	ABRICATORS LLC	, , , , , , , , , , , , , , , , , , ,
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
•			R ENERGY
	•	Karen Hepworth	000
		Name of Person	ري دن ا
			R ENERGY
	THE SOLAR GUYS	INC. DBA COMPASS SOLA	R ENERGY
		rimi/Company	· ·
	2	303 TOWN STREET	
		Address	
	P	ENSACOLA FL 32505	
		City/State and Zip Code	
	INFO@	DCOMPASSSOLAR.COM	
	E-mail address: (	to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	eall:	
KΔRI	EN HEPWORTH	at ( 850 ) 43	39-0035
	of Person	Area Code & Daytime T	
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## BREEZE FABRICATORS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florid	a Limited Liability Company)		
		7/23/2012	ġ.
The Articles of Organization for this Limited Liability	Company were filed on	112312012	and assigned 📆
Florida document number L12000094952	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here	<b>:</b>	
	Y FABRICATORS LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compar	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	<del>-</del>		
(Principal office address MUST BE A STREET ADD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ur records, <u>enter (</u>	he name of the new
Name of New Registered Agent:		<del></del>	
New Registered Office Address:			
•	Enter Florida street address		
<u></u>		, 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 ametiding 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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
<del></del> .			Add Remove
	·		Add Remove
			Add Remove -
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
. —			· 
			_
Dated	$\frac{9/10}{\sqrt{10}}, \frac{2}{\sqrt{10}}$	2012 . As and A	
	Signature of a memo	er of authorized representative of a member	
		THANIEL S ARNOLD and or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00