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J. SAULSBERRY EXAMINER

OCT 1 8 2012

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	1 Source Ener	gy Solutions TX, LLC		
		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corres	pondence concerning this matter	r to the following:		
		Brent Kish Name of Person	-	
		Name of Person		
1 Source Energy Solutions TX, LLC			_	
		Firm/Company		
	9	9672 Sweetleaf Street		2012 OCT 17 SECRETARY OF TALL WHASSEE
		Address		超 6 -
	Orlando, FL 32827			17 AH 8
	-	City/State and Zip Code	•	
	bkis E-mail address: (	h@1source-energy.com to be used for future annual report notific	ation)	CAN BO C
For further information	concerning this matter, please			DA S
	Brent Kish		50-5901	
Name	of Person	Area Code & Daytime	Telephone Numbe	er
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)	Certified	ate of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

1 Source Energy So (Name of the Limited Liability Compan (A Florida Limited Li	Solutions TX, LLC  nny as it now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company value of C	y were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	bility company here:
The new name must be distinguishable and end with the words "Limite" L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	ited Liability Company," the designation "LLC" or the abbreviation  ASECRETARY OF STATE  FLORE  FLOR
B. If amending the registered agent and/or registered offi	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
New Degistered Agent's Signature if shanging Degistered Agents	City Zip Code

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 <u>Title</u> <u>Name</u> **Address Type of Action MGRM** Brent A. Kish ✓ Add
Remove 9672 Sweetleaf Street Orlando, FL 32827 ∏ Add Remove ☐ Add Remove Remove \_\_\_Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 12 2012 Dated \_\_\_ Signature of a member or authorized representative of a member Brent A. Kish Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00