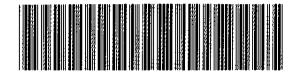
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SOLUTION ACHION SIGNATURE

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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: <u>EZ</u>	Energy Grand	ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	_ Jacquel	yn Caldwell Name of Person		
	EZ Energ	JY Group LLC Firm/Company		
	13553 6	6th Street N. S	Ste. 201	
		33773 City/State and Zip Code EZ — Energy Gross be used for future annual eport notification		
For further information co	E-mail address: (to oncerning this matter, please ca		on)	
Jacquelyn Name of	<u>Caldwell</u> Person	at (727) 519 - 44 Area Code & Daytime Tel	S 7 ephone Number	_
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing F Certificate of Certified Cop (additional co	Status &
Registr Divisio P.O. Bo	ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EZ ENERGY GROUP	UC					
(Name of the Limited Liability Compa (A Florida Limited I	i ny as it now a Liability Comp	ppears on any)	our records	<u>r</u>)		
The Articles of Organization for this Limited Liability Company Florida document number <u>41300032664</u> .	y were filed oi	n MAIC	n 4 20	01 3 ar	nd assign	ned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	bility compan	ı <u>y here</u> :				
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability (Company,"	the designat	ion "LLC" o	r the abb	previation
Enter new principal offices address, if applicable:	13553	66 th	STREET	<i>N. క</i> ు	العاة	20L_
(Principal office address MUST BE A STREET ADDRESS)	1AGD	PL	5TREET 3377	3		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				\$ \\ \frac{\partial \text{\tiny{\text{\tinit}\\ \text{\texi}\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\texit{\texi}\text{\texi}\tittt{\text{\ti}\tinttit{\text{\texi}\ti	- 3 - AR	
B. If amending the registered agent and/or registered or registered office address here.		on our	records, <u>er</u>	nter the na	me_of	the new
registered agent and/or the new registered office address her	<u></u> .			Ţ,	σn	•
Name of New Registered Agent:						
New Registered Office Address:		Enter I	Florida stree	et address		
	City		, Floric	ia	Code	
	Ciiy			Zφ	Cour	

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 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
 Name
 Address
 Type of Action

 Add
 Remove

Add

Add

Remove

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If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
ted_	March 13th 2013.
	Javarie Caldenier
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00