1/4000033391

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COVER LETTER

TO: Registration Section
Division of Corporations

Sustainable Resources, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lucie L. Roth

Name of Person

Conservation Technology Systems, LLC

Firm/Company

714 SE 9th St

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

lucie.roth@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucie L. Roth

954 303-6644

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Sustainable Resources, LL0		
(Name of the Limited Liat (A Flor	ollity Company as it now appears on our record rida Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Florida document number L14000033391	/ Company were filed on 2/27/14	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
Conservation Technology Systems, L	LC	
The new name must be distinguishable and end with the words	Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET AD	DRESS)	
		HO BOTT
		-5 -5
Enter new mailing address, if applicable:		3 3 M
(Mailing address MAY BE A POST OFFICE BOX)		OANE &
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ac		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	13
	 	orida
	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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	<u>Address</u>	Type of Action	
			Add	
			☐ Remove	
			AHD SSEEL FLORIUM	
			Remove	
			_ □ Remove	
			······	
				
			□ Remove	
			Add	
		••	Remove	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces	essary.)	
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days at the date this document is filed by the Florida Department of State)	onal) ofter	
Dated March 3		
Signature of a member or authorized representative of a member		
Lucie L. Roth	7.	201
Typed or printed name of signee	CRE IAR	F I L
	YOF SI	
		74) • (19)

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Filing Fee: \$25.00