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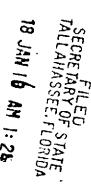


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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: <u>CO</u>	MMERCIAL 6 Name of Limi	ENERGY SYS7 ted Liability Company	EMS, LLC
The enclosed Articles o	f Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	JAMES	E. WOLFF Name of Person	.
	COMMERC	Firm/Company	SYSTEMS, LL C
	649 S	TNDIANA AU Address	Ε
	ENGLE WO	OD, FLORIDA City/State and Zip Code	34223
	JIM @ CUM n E-mail address: (1	O ENER SYS, CCC	Com
For further information	concerning this matter, please ca	dl:	
JIM WO	OLFF of Person	at (941) 33 Area Code Dayt	ime 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)
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations ; Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

COMMERCIAL ENER	GY SYSTEMS, LLC
(Name of the Limited Liability Compan (A Florida Limited Liability Compan)	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number 2/4000/09967.	vere filed on $Jucy //, 20/ $ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	PO
Enter new principal offices address, if applicable:	8 158
(Principal office address MUST BE A STREET ADDRESS)	AN I 6
	AM E.F.
Enter new mailing address, if applicable:	- : ORIII
(Mailing address MAY BE A POST OFFICE BOX)	# Cm
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and royided for in Chapter 605, F.S. Or, if this document is
If Chang	sing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending or removed	Authorized Person(s) authorized to n from our records:	title, name, and address of each person being added		
MGR = M AMBR = A	anager uthorized Member	!		
<u>Title</u>	<u>Name</u>	Address		Type of Action
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		ENGLE	WOOD, FLORIDA 34223	D-Remove
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ective date, if other that effective date is listed, the da	ite must be specific a	and cannot be prior	to date of filing	or more than 90 d	_ (optional) ays after filing.) F	tursuant to 605.020
te: If the date inserted in tument's effective date on				iling requireme	nts, this date w	ill not be listed a
unent seriective date on	ак Бершинен о	n suite s records.				
record specifies a del	layed effective	e date, but no	t an effectiv	e time, at 1	2:01 a.m. oi	n the earlier (
he 90th day after the						
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(/ Chins	osch	Jack.	Mall	1601		
- John	Signature of	f a member or author	prized represents	urve of a member	<u> </u>	
	5- g					
0_	T		201	- <i>~</i>		

Page 3 of 3

Filing Fee: \$25.00