# U400B6114

| (Requestor's Name)                      |                   |             |
|---|-------------------|-------------|
| (Address)                               |                   |             |
| (Address)                               |                   |             |
| (Ci                                     | ty/State/Zip/Phon | e #)        |
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## CORPORATE

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

|        | PICK UI                     | P: 7/14 Glinda |
|--------|-----------------------------|----------------|
|        | CERTIFIED COPY              |                |
| хх     | РНОТОСОРУ                   |                |
|        | CUS                         |                |
| хх     | FILING                      | LLC amend      |
| l.     | AES TECH CONSULTING LLC     |                |
|        | (CORPORATE NAME AND DOCUMEN | VT #)          |
| 2.     |                             |                |
|        | (CORPORATE NAME AND DOCUMEN | NT#)<br>ndex が |
| 3.     |                             |                |
|        | (CORPORATE NAME AND DOCUMEN |                |
| 4.     |                             |                |
|        | (CORPORATE NAME AND DOCUMEN | VT #) 등하 등     |
| 5.     |                             |                |
|        | (CORPORATE NAME AND DOCUMEN | VT #)          |
| 6.     |                             |                |
|        | (CORPORATE NAME AND DOCUMEN | NT #)          |
| SPECIA | L INSTRUCTIONS:             |                |
|        |                             |                |
|        |                             |                |

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | AES TECH CONS   | ULTING LLC                             |                     |          |
|---|---|--|---------------------|----------|
| (Name of the Limit  | ed Liability Company as i<br>(A Florida Limited Liability | now appears on our records.)  Company) | <del></del> -       |          |
| The Articles of Organization for this Limited L Florida document numberL14000136114       | ability Company were                                      | filed on <u>08/29/2014</u>             | and ass             | igned    |
| This amendment is submitted to amend the follo  | owing:  |  |                     |          |
| A. If amending name, enter the new name of  | f the limited liability c                                 | ompany here:                           |                     |          |
| The new name must be distinguishable and contain the w                                    | ords "Limited Liability Cor                               | npany," the designation "LLC" or the   | e abbreviation "L.I | C."      |
| Enter new principal offices address, if applic  | able:   |  |                     |          |
| (Principal office address MUST BE A STREE   | T ADDRESS)  |  |                     |          |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE        | <u></u>   |  |                     |          |
| B. If amending the registered agent and/<br>registered agent and/or the new registered of |   | ddress on our records, ent             | er the name o       | of the r |
| Name of New Registered Agent:   |   |  | 是                   | <u> </u> |
| New Registered Office Address:  | 470 HARDWOO   |  | ※ デ                 | m        |
| <u> </u>  |   | Enter Florida street address           | ing z               | O        |
|   | BOCA RATON  | , Florida                              | 334315              | ?        |
|   | C   | ty                                     | Zip Code            | <u></u>  |

#### 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | Address                   | Type of Action |
|--------------|----------------|---------------------------|----------------|
| AMBR         | ANDREW SHULMAN | 141 NW 20TH ST, SUITE F-7 | <b>⊟</b> ∧dd   |
|              |                | BOCA RATON, FL 33431      | ☐ Remove       |
|              |                |                           |                |
|              |                |                           | □ Change       |
|              |                | <del></del>               | □ Add          |
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|              |                |                           | □ Change       |

| D. If amending any other inform                           | nation, enter change(s) here: (Attach additional  | sheets, if necessary.)   |
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| (If an effective date is listed, the date m               | te date of filing:  ust be specific and cannot be prior to date of filing or more the block does not meet the applicable statutory filing requestrement of State's records. | (optional)<br>an 90 days after filing ) Pursuant to 605,0207 (3)<br>uirements, this date will not be listed as the |
| the record specifies a delayon) The 90th day after the re | ed effective date, but not an effective time cord is filed.   | , at 12:01 a.m. on the earlier of:   |
| JULY 14 Dated   | 2015  | TARRET TO  |
|   | ,   |  |
| /s,   | JAHES L. WEINTRAUB Signature of a member or authorized representative of a r  | nember   |
| JAMES L. WI   | EINTRAUB  | 닭고 @   |
| <del></del>   | Typed or printed name of signee   | क्ति क   |

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