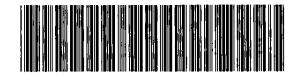
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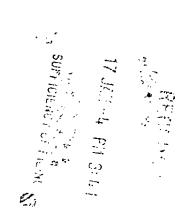
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# **WALK IN**

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

AES TE	CH CONSULTING LLC			
3000EC1.	Name of Limited Lial	oility Company		
				•
The enclosed Articles	of Amendment and fee(s) are submitted f	or filing.		
Please return all corre	spondence concerning this matter to the fo	ollowing:		
	DAVID MAHLER			
	N	lame of Person		<del></del>
	AES TECH CONSULTING LLC			
	F	irm/Company		_
	141 NW 20TH STREET STE F-6			
		Address		- 
	BOCA RATON			ZECI
	-	tate and Zip Code		JAN -
	EASTBOCAWHEELS@GMAIL.C  E-mail address: (to be used		ort notification)	388 735 11-
For further information	n concerning this matter, please call:	1 to fature aimaa repi	or nottications	A II: 00
LEE STIEN		561 929-92	263	: <b>O</b>
Name	c of Person	Area Code ]	Daytime Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	Certificate of Status C	5.00 Filing Fee & lertified Copy dditional copy is enclosed	d) Certified	te of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

AES TECH CONSULTING LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability ( Florida document number L14000136114		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADD)	RESS)	
		ALL
Enter new mailing address, if applicable:		JAN -
(Mailing address MAY BE A POST OFFICE BOX)		my m
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del></del>	, Floric	
	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 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>	<u>Address</u>	Type of Action
AMBR	ANDREW SHULMAN	141 NW 20TH STREET	
		BOCA RATON FLA 33431	■ Remove
			Change
·			☐ Add
			□ Remove
			☐ Change
			□ Add
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record specifies a delayed The 90th day after the reco	effective d is filed	date, but I.	not an e	fective tir	ne, at 12:	01 a.m.	on the ea	rlier c
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Page 3 of 3

Filing Fee: \$25.00