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COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJ	ECT:	Ewo (g y Name of Lim	Textiles LLC ited Liability Company	
The er	sclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		Ene 50	Name of Person 194 Textiles LL Firm/Company 23 W. Rio V-sta Address Address March 1336384 City/State and Zip Code we ray Textiles. Who be used for future annual report notion	Ave
For fu	other information cor	E-mail address: (i seerning this matter, please ca	·	fication)
T OF THE		- · · ·		0.5 . 6
	Name of F	Pk. H.ps Person	at (P/3) 787 Area Code Daytim	e Telephone Number
Enclos	sed is a check for the	following amount:		
™ \$3	a 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Energy le	ATITES LLC				
(Name of the Limited Liability (A Florida	Company as it now app Limited Liability Compan	y)	record	<u>ls.</u>)	
The Articles of Organization for this Limited Liability Co	mpany were filed on	March	1144	2015	and assigned
Florida document number <u>15000054244</u>	_•				
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limit</u>	ed liability company	here:			
The new name must be distinguishable and contain the words "Limit	ed Liability Company." th	ne designation	ı "LLC	or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRI	<u></u>			<u> </u>	<u>N</u>
					<u> </u>
				;	63 11
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	- =
				<u></u>	<u> </u>
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on ou	r records,	<u>enter</u>	the name	of the new regi
Name of New Registered Agent:					
New Registered Office Address:					
	Enter 1	Florida street	addres	rs -	
<u> </u>			, FI	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 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
<u>mGR</u>	Phillips Family Living Trust	1.0616 Carrell brook LN.	LAdd
			□Remove
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ocument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: is filed.	(b) The	90th da	ay afte
Signature of a member of a uthorized representative of a member			
Signature of a prember or authorized representative of a member			
JOHN J. Phillips			

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