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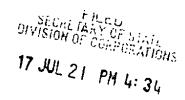
## COVER LETTER

TO:

Registration Section
Division of Corporations

Name Change and Manager addittion for Spritz Wash, LLC SUBJECT: 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: Christos Nicholoudis Name of Person Spritz Wash, LLC Firm/Company 4812 64th Dr. West Address Bradenton FL, 34210 City/State and Zip Code cn227@cornell.edu E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christos Nicholoudis 941 448-5169 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO | ARTICLES OF ORGANIZATION OF |



Spritz Wash, LLC			
(Name of the Limited Lia	bility Company as it	now appears on our records.) Company)	
(A Flo	orida Limited Liability	Company)	
The Articles of Organization for this Limited Liability	y Company were fi	led on <u>5/12/2015</u> a	nd assigned
Florida document number L15000084240	<del></del> -		
This amendment is submitted to amend the following	;:		
A. If amending name, enter the new name of the l	imited liability co	mpany here:	
Parthenon Energy, LLC			
The new name must be distinguishable and contain the words "I	Limited Liability Com	pany," the designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			···
B. If amending the registered agent and/or re-	gistered office ad	ddress on our records, enter the n	ame of the nou
registered agent and/or the new registered office a	<u>ddre</u> ss here:	l cords, enter the in	aine of the new
Name of New Projectored Assets			
Name of New Registered Agent:	<del> </del>		
New Registered Office Address:			
		Enter Florida street address	<del></del>
		, Florida	
<del></del>	Ciņ		Code
New Registered Agent's Signature, if changing Registe	ered Agent:		
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete perfort l agent as provide ered office addres	mance of my duties, and I am familia difor in Chapter 605, F.S. Or, if this	r with and document is

If Changing Registered Agent, Signature of New Registered Agent

If amendir or remove	ng Authorized Person(s) authorized d from our records:	to manage, enter the title, name, and a	address of each person being added	
MGR = 1 AMBR = 1	Manager Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	John Alexander Pilz	12370 5th Street East		
		Treasure Island FL	Remove	
		33706	Change	
			Remove	
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. If amending any other info	mation, enter change(s) here: (Attac	h additional sheets, if necessary.)
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Effective date, if other than		(optional)
Note: If the date inserted in thi	must be specific and cannot be prior to date of the slock does not meet the applicable statute. Department of State's records.	iling or more than 90 days after filing.) Pursuant to 605.020 ory filing requirements, this date will not be listed as
	bepartment of State 3 records.	
the record specifies a dela	ved effective date, but not an effe	$ $ ective time, at 12:01 a.m. on the earlier $\mathfrak o$
) The 90th day after the i	ecord is filed.	lative time, at 12.01 a.m. on the earlier o
lulu 17	2047	
Dated	. 2017	†
		<del>-</del> 9
	Signature of a member or authorized repre-	sentative of a member
		JL 2
Christos Nicholoudi		
	Typed or printed name of s	signee F.
		<u>.</u>
	Page 3 of 3	ب چ
	Filing Fee: \$25.0	00