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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: USA	Energy C. Name of Limi	ed Liability Company		
The enclosed Articles of Am	nendment and fee(s) are subr	mitted for filing.		
Please return all corresponde	ence concerning this matter t	to the following:		
	1199 E-00	Name of Person Saver 6 LL C Firm/Contpany Con Group	dman dba	7022 SEP 15
	_	' ~	OF STATE SEE, FL	M 4: 13
-	Uacksonvi	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	ation)	
For further information conc	_			
Christopher Name of Pe	- Redman	at (<u>964)</u> <u>903</u> Area Code Daytime	- 7100 Telephone Number	
Enclosed is a check for the fo	ollowing amount:			
S25.00 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 Sta Certified Copy (additional copy is e	atus &
Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	oorations	Street Address: Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Hahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USA Energy Saver (Name of the Rimited Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1600001891</u>	were filed on <u>114120</u>	16 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil Preferred Installation The new name must be distinguishable and contain the words "Limited Liabili	Partners. LL	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	y ernymyr maengmun yyye m	TAINE.
(Principal office address MUST BE A STREET ADDRESS)		70
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adgent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		A SASSEE TO THE TOTAL TO
	Enter Florida street address	
	Florid	la Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I rovided for in Chapter 605, F.S	am familiar with and . Or, if this document is

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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