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SUCRETARY OF STATE
ALLAHASSEE, FLORINA

D. BRUCE NEC 13 2016

COVER LETTER

TO:	Registration Se Division of Cou					
SUBJE		SAVINGS CONCEPTS LLC				
SCESE	cr	Name of Lim	nited Liability Company	<u>· </u>		
The end	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
	•	JOHN GEMBECKI				
			Name of Person			
	•	ENERGY SAVINGS CO	NCEPTS LLC			
			Firm/Company .			
		5840 RED BUG LAKE R	OAD 1			
			Address			
		WINTER SPRINGS, FL 3	32708	TAL	201	
		·	City/State and Zip Code	A	2016 DEC	ľ
		JOHNG@ENERGYSAVIN		NASA I	C 12	
For furt	her information c	E-mail address: (to be used for future annual report notif		o C	T T
JOHN (GEMBECKI		407 340-1646 at ()	TATE	2: 58	
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclose	d is a check for th	ne following amount:	·			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status &	

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

ENERGY SAVINGS CONCEPTS LL	C	
(Name of the Limited 1	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	ility Company were filed on 03/10/2016	and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BO		
Muning undress MAT DE ATOST OFFICE DO		
B. If amending the registered agent and/or registered agent and/or the new registered office		TAS the same of the AHA
		N 20
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	S 22 5
_	>> , Florid	a
-	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 antending 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	PAUL RAYMOND	5840 RED BUG LAKE RD. #1	
		WINTER SPRINGS, FL 32708	■ Remove
			□ Change
· .			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add SECORE Rempre
			SAN C Change
			25 25 Add
			Remove
	,	·	Change
			Add
			□ Remove
			□ Change

at 50% to be revised as:.				
Member				
JOHN GEMBECKI with Percentag	ge interest 100%			
5840 Red Bug Lake Road #1, Wint	er Spring, FL 32708	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·			
	·····			
			TACE CONTRACTOR	
			IG DEC	•
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			<u></u>	ſ
ctive date, if other than the date o	of filing:		(optio	(
effective date is listed, the date must be spe e: If the date inserted in this block do ament's effective date on the Departm	es not meet the applicable stat	filing or more than 90 day utory filing requirement	rs after (ffing) Pucsuant ts, this date will foot	to 60 be lis
ecord specifies a delayed effe		fective time, at 12:	:01 a.m. on the	earl
ne 90th day after the record is December 2	s filed.			
November 13	2016			
	,·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00