116000058307

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COVER LETTER

Division of Co					
MNV-K E	ENERGY BOYTON WEST LL	С			
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	emitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	CAROLINA MENEGHE	ГТІ			
		Name of Person			
	SAFETY BUSINESS LLC				
	6220 S O RANGE BLOSS	SOM TRAIL SUITE 600			
		Address	***	SEC ALLI	
ORLANDO, FL 32809 - US City/State and Zip Code				AHA BIS	-
				SSE 5	
	DOCUMENTS@SAFETY				1
	E-mail address: (to be used for future annual report notific	cation)	M 9 27 OF STATE E, FLORIDA	
For further information	concerning this matter, please co	all:		6月27	
CAROLINA MENEGH	IETTI	407 888 4747 at ()		***	
Name o	of Person		Telephone Number		
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	ING ADDRESS:	STREET/COURIE Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MNV-K ENERGY BUYTON WEST LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000058307</u> .	were filed on 03/22/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MNV ENERGY WEST PALM BEACH LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L L.C."
Enter new principal offices address, if applicable:	1705 BELVEDERE ROAD	
(Principal office address MUST BE A STREET ADDRESS)	WEST PALM BEACH, FL 33406	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1705 BELVEDERE ROAD WEST PALM BEACH, FL 33406	FILL 16 AUG 16 SECRETARY TALLAHASSI
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our records, <u>ente</u>	THO TH
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street address	
	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 **Type of Action** <u>Title</u> Name **Address** _□ Add □ Remove _ Change □ Add ☐ Remove ☐ Change _ Add _□ Remove _□ Change TALLUAHASSEE, FUC ☐ Remove _□ Change _□ Add ☐ Remove

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. Effective date, if other the (If an effective date is listed, the o Note: If the date inserted in document's effective date or	ate must be specifi this block does	ic and cannot be p not meet the ap	plicable statuto	ing or more than 90 ory filing requires	(optional) days after filing. ments, this date) Pursuant to 60	05.0207 (3) sted as the
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JULY, 25TH		2016					
	0		·				
	Signature	member or a	uthorized lepres	entative of a mem	ber		
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SERGIO L DEL	MICO - MIANA		rinted name of s	ianaa			

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Filing Fee: \$25.00