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From:

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MG II	Muditess:
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MULES RENEWABLE, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILES RENEWABLE, LLC					
(Name of the Limit	ed Liability Comps (A Florida Limited)	iny as it now appears on our records.) Liability Company)	<del></del>		
The Articles of Organization for this Limited L. Florida document number L16000085325	iability Company	were filed on 05/02/2016	and assigned		
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabi	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."		
Enter new principal offices address, if applic	able:	1202 Tech Boulevard, Suite 103			
(Principal office address MUST BE A STREE	T ADDRESS)	Tampa, Florida 33619			
Enter new mailing address, if applicable:  (Mailing address MAX BE A POST OFFICE)	<u>BOX)</u>	1202 Tech Boulevard, Suite 103 Tampa, Florida 33619			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	or registered of	Mice address on our records, <u>en</u> g:	ter the name of the no		
	400 Nr 1 1 1	L. D	) -: Seminar		
New Registered Office Address:	400 North Ashi	ley Drive, Suite 2600  Enter Florida street address			
	Tampa	, Florida	33602		
New Registered Agent's Signature, if changing I	Registered Agent:	City	Zip Code		
I hereby accept the appointment as registere			agree to comply with th		

If Changing Registered Agent, Signature of New Registered Agent

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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Ismail Albahkali	PO BOX 4485	
		IEDDAH, SA 21491 SA	□ Remove
			■ Change
MGR	Hussein Selim	1739 Floorshire Drive	
		Brandon, Florida 33511	□ Remove
AR	Ming J Lin Jr Bsq	400 North Ashley Drive, Suite 2800	
		Tampa, Florida 33602	🗆 Remove
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ffective date, if other an effective date in series ocument's effective date record specifies. The 90th day after a July 20	d in this block does to on the Departmen a delayed effecti	filing:  Ge and cannot be printed the application of State's recording the date, but noticed.	or to date of filing or icable statutory fili s.	(opt more than 90 days aft ng requirements, th	a.m. on the	be listed as

Page 3 of 3 Filing Fee: \$25.00

Typed or printed name of signee

Caitlin Lazarus, Attornoy-in-Fact