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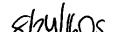
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SECRETARY OF STATE
SECRETARY OF STATE



COVER LETTER

TO:	Registration Se Division of Co		·		
CI ID IE		rgy Conservation LLC			
SUBJE		Name of Lim	nited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	r	
Please	return all correspo	ondence concerning this matter	to the following:		
		Kyle Blowers			
			Name of Person		
	Allied Energy Conservation LLC Firm/Company				
5047 Quadrangle Ct			·		
		***************************************	Address		
		Wesely Chapel, FL 33544			SECT SECT
		kjb03e@yahoo.com	City/State and Zip Code		FILED AND 22 PH 12: C
		E-mail address: (to be used for future annual report notifi	cation)	E P
For fur	ther information of	concerning this matter, please co	ali:		TEST NO.
Kyle B	lowers		727 808-5316 at ()		8
	Name o	of Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for t	he following amount:			
= \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te 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

Allied Grenou Conservation LLC

(<u>Name of the Limited L</u> (A f	iabilio Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L16000152986	lity Company were filed on 8/11/2016	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		TAES 5
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	三
B. If amending the registered agent and/or registered agent and/or the new registered office	· •	enter the name of the new
		DT 6
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Floric	lo.
-	City , FIOTO	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kyle Blowers	5047 Quadrangle ct Wesely Chapel, FI 33544	Add
			Remove
			☐ Change
			□ Add
		**************************************	Remove
			Change
			Add
			Remove
		-	□ Change
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fective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable statucument's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605.02	207 as
record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier	0
8/18/2016		
ted		
11/1-0		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00