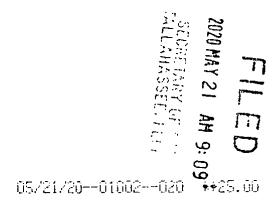
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| (R                     | equestor's Name)    |           |
|------------------------|---------------------|-----------|
| (A <sub>1</sub>        | ddress)             |           |
|                        | ddress)             |           |
| (C                     | ity/State/Zip/Phone | #)        |
| PICK-UP                | ☐ WAIT              | MAIL      |
| (B                     | usiness Entity Nam  | e)        |
|                        | ·                   |           |
| (D                     | ocument Number)     |           |
| rtified Copies         | Certificates        | of Status |
| pecial Instructions to | Filing Officer:     |           |
|                        |                     |           |
|                        |                     |           |
|                        |                     |           |
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|                        |                     |           |

Office Use Only



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## **COVER LETTER**

| : Registration Se<br>Division of Cor | porations                                       |   |   |
|--------------------------------------|---|---|---|
| влест:                               | Efficient 1                                     | JAINTENANCE nited Liability Company   | LLC   |
|                                      | Name of Lin                                     | nited Liability Company   |   |
|                                      |   |   |   |
| 2 enclosed Articles of               | Amendment and fee(s) are suf                    | omitted for filing.   |   |
| ase return all correspo              | ndence concerning this matter                   | to the following:   |   |
|                                      |   | TUAN Manes  | 5.05  |
|                                      |   | Efficient MA  | intonANG LLC  |
|                                      | 12317   | Wycliff PL  |   |
|                                      |   | Tampa FC 33   | 3626  |
|                                      | E-mail address:                                 | ENER 6 PLUS. (to be used for future annual report no                                  | () S<br>otification)  |
| or further information c             | oncerning this matter, please c                 | tall:   |   |
| Name o                               | <u> Meneses</u>                                 | $\frac{1}{\text{Area Code}} = \frac{813}{\text{Area Code}} = \frac{42}{\text{Dayti}}$ | 26 9524<br>ime Telephone Number   |
| nclosed is a check for the           | ne following amount:                            |   |   |
|                                      | ☐ \$30,00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)                   | ☐ \$60,00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres                       |   | Street Address:   | Section   |
| Registration S<br>Division of C      |   | Registration S<br>Division of Co  |   |
| P.O. Box 632                         | .7  | The Centre of   | Tallahassee   |

Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| If amending the registered agent and/or register and/or the new registered office address by Mame of New Registered Agent:  New Registered Office Address: | Enter Florida sweet address  City  City  Zip Code                                  |
|--|--|
| nt and/or the new registered office address h  | Enter Florida sweet oddress  Florida   |
| nt and/or the new registered office address h  | nere:  |
| nt and/or the new registered office address h  |  |
| ent and/or the new registered office address b   |  |
|  | \  |
| ter new mailing address, if applicable:<br><u>ailing address MAY BE A POST OFFICE BO</u>   | <u></u>  |
|  |  |
| incipal office address MUST BE A STREET A  |  |
| ter new principal offices address, if applicable   |  |
| new name must be distinguishable and contain the word  | ls "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| If amending name, enter the new name of th   | ne limited liability company here:   |
| s amendment is submitted to amend the following  | ing:   |
| rida document number   | <u>-01</u> .251  |
| $\sim$ 1 $(1/21)(1/2)$   |  |
| : Articles of Organization for this Limited Liab<br>rida document number <u>L16000 Z</u>   |  |

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

TR = Manager 1BR = Authorized Member

| <u>le</u> | <u>Name</u>   | Address                                  | Type of Action              |
|-----------|---------------|--|-----------------------------|
| 1BR       | IVAN Monoses  | 12317 Wydiff PL                          | □Add                        |
|           |               | Timpa FL 33626<br>Change for MGR ANDS to | □Remove<br>AHBR<br>_XChange |
| LASUNA    | DIANA CASALES | 12317 wyclift PL                         | □Add                        |
|           |               | Empa FL 33626                            | Kemove                      |
|           |               |  | □Change                     |
| <u>_</u>  |               |  | □ Add                       |
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|           |               |  | □Change                     |

| amen                   | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                   |
|------------------------|---|
|                        | Remove DiANA CASARES  |
|                        | MANAGE and Socretary and MALLE JUST   |
|                        | MANAge and Socretary and MALLE just   |
|                        | "AMBR"  |
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| effec<br>t <u>e:</u> L | e date, if other than the date of filing:   |
| cord<br>Hile           | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l. |
| ટલં _                  | May 19th 2020.  |
|                        | - Vaa   |
|                        | Signature of a member or amborized representative of a member   |
|                        | IIVAN Thenesos  |
|                        | Typed or printed name of signee   |