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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations							
Elite Energy	y Solutions, LLC							
SUBJECT:	Name of Limi	ited Liability Company						
The section I A whater of	A A	animal for filling						
	Amendment and fee(s) are sub-							
Please return all correspon	ndence concerning this matter	to the following:						
	David Schnobrick							
		Name of Person						
	Greenspoon Marder LLP							
		Firm/Company						
2255 Glades Road, Suite 400-E								
		<u>. </u>						
	D D W 22421	Address						
	Boca Raton, FL 33431							
		City/State and Zip Code						
	David.Schnobrick@gmlaw.		F					
		to be used for future annual report noti	ilication)					
For further information co	oncerning this matter, please ca	all:						
David Schnobrick		561 322-2987						
Name of	f Person	at ()	ne Telephone Number					
Enclosed 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Registra Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURI Registration Section Division of Corpo Clifton Building	on					

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assignedo. Elite Energy Solutions, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on May 31, 2017 Florida document number _____L17000119382 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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>	Address	Type of Action
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		Hollywood, FL 33021	■ Remove
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Typed or printed name of signee

Filing Fee: \$25.00