L18000002324

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

N COOPER MAR 3 0 2018

COVER LETTER

TO: Registration Division of O	Section Corporations		
	ERN ENERGY SYSTEMS, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	JAMES MILLER		
		Name of Person	
		Firm/Company	
	1665 PALM BEACH LAF	KES BLVD STE 101	
		Address	
	WEST PALM BEACH FL	. 33401	Name of Person Firm/Company BBLVD STE 101 Address 401 City/State and Zip Code PL.COM e used for future annual report notification) at (
		City/State and Zip Code	
	JMILLER@MILLERLEGA		
		•	ication)
For further information	n concerning this matter, please c	all:	
JAMES MILLER			
Nan	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy
Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n utions nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHERN ENERGY SYSTEMS, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records d Liability Company)	_)
The Articles of Organization for this Limited Liability Compar Florida document number L18000002324	ny were filed on 1/3/18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	TALLITALLI
(Principal office address MUST BE A STREET ADDRESS)		HAR
	_	A 29
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	PH L: 43
		<u>→</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:		, enter the name of the new
	Enter Florida street address	

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.

Ciiv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RODNEY COLE	13860 WELLINGTON TRACE	∃ Add
		38-255	
		WELLINGTON, FL 33414	Change
		· 	Add
			☐ Remove
			Change
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Effective date, if other	than the date of f	iling:		(option	ial)	
(If an effective date is listed, the Note: If the date inserted	in this block does n	not meet the appli	cable statutory filing	re than 90 days after fi requirements, this o	ling.) Pursuant to 605.0 late will not be listed	0207 i d as i
document's effective date	on the Department	of State's record:	5.			
the record specifies a	delayed effectiv	ve date, but n	ot an effective ti	me, at 12:01 a.	m. on the earlie	r of
) The 90th day after				·		
Dated 3/26/18		-	7			
Dated						
		W G	WIW			
		of a pember or auth				

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Filing Fee: \$25.00