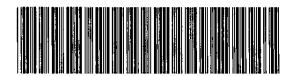
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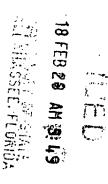
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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COVER LETTER

TO: Registration Se Division of Co	ection rporations		
	D BLOWER DOOR LLC		
SUBJECT:	Name of Limi	ted Liability Company	·
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Eric D Goodwell		
		Name of Person	
	Brward Blower Door LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	3252 NE 13th St Apt 6		
		Address	
	Pompano Beach, FL 33062		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	browardblowerdoor@gmail.		
	E-mail address: (t	o be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	II:	
Eric Goodwell		231 629-8552 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Broward Blower Door LLC		
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on our records.) tted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on January 12, 2018 and assigned	
Florida document number L18000012110		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
Energy by Design LLC		
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or the abbreviation "L.1C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	1	_
12 THE WAR OFFICE WARTERS THOSE IN THE TENTED OF		_
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	(C)	-
	EB	_
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 l	here:	•••
		17
Name of New Registered Agent:		
	5 6	_
New Registered Office Address:	Enter Floridu street address	
	Florida	_
	City 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Add
			Remove
			Change S
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•			□ Remove
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			Remove
			☐ Change

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fective date, if other than the da on effective date is listed, the date must b	ate of filing:		(optional)		
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ocument's effective date on the Department	artment of State's records.				
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The 90th day after the record	d is filed.		'>		
The 90th day after the record red February 16	d is filed.		'>		~

Page 3 of 3

Filing Fee: \$25.00