L180000537-48

(Req	uestor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor			:
SURIECT: Idea	L Humanita	rians, LLC	
Substitution of the substi	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Eun	LETT OSBORN	
		Name of Person	
		Firm/Company	
	10801 ST	tarkey Rd., Ste. 16	04 #336
	-	Address	
	SeminolE	A 33777	
		Pl 33 777 City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information of	oncerning this matter, please ca		
Monica	Agami	at (619) 997	. 4082
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
/(Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ideal Humanitarians, 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 $\frac{02/28/2018}{2}$ and assigned Florida document number L18000053748 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ideal Energy FLows, LLC 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: (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 City

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			□ Add
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			Change
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			Remove 9
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			Remove
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			Remove
			Change

. If amending any other information, enter change(s) here: (Attach	additional sheets, if necessary.)	
		
		
		
		
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing: Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	(optional) iling or more than 90 days after filing.) Put tory filing requirements, this date wil	irsuant to 605.0207 Il not be listed as
he record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on	the earlier of
Dated 3-5 , 2018.		
Signature of a member or authorized repre	ocentativa of a manuha-	
Signature of a member of authorized repre	/	
EMMETT OSSORN Typed or printed name of:		

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Filing Fee: \$25.00