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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

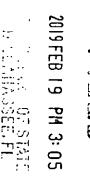
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C. GOLDEN FEB 2 0 2019

COVER LETTER

Division	of Corpora	tions		
SUBJECT:	E.W	1. Energy So	lutions LLC	
		Name of Limi	ited Liability Company	
The enclosed Artic	cles of Ame	ndment and fee(s) are sub-	mitted for filing.	
Please return all co	orresponden	ce concerning this matter	to the following:	
		~		
	_	Orlando Ko	Name of Person	
		E.W. Energ	gy Solutions LLC	
	_		•	
		1212 Enterpri	sc Drive Unit 7	
	_		Address	
	_	Port Charlo	tte Floricla 33	3953
		. ()	City/Slate and Zip Code	
		E-mail address: (tions @ amail. com	ification)
For further inform	ration conce	rning this matter, please ca		
, ,	2.11	. .		
<u>Orlando</u>	Koble	s Ortiz	at (<u>407</u>) <u>676</u> -	- 1245
	Name of Per	son	Area Code Dayun	de refeptione (vanice)
Enclosed is a chec	olofoe tha fo	Hawing appenunt		
\$25.00 Filing			□ \$55 tW tälling Gog &	□ \$60.00 Filing Fee.
80 \$25.00 Pilling	ree L	1 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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



February 6, 2019

ORLANDO ROBLES ORTIZ 1212 ENTERPRISE DRIVE UNIT 7 PORT CHARLOTTE, FL 33953

SUBJECT: E.W. ENERGY SOLUTIONS, LLC

Ref. Number: L18000169737

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The entity's date of incorporation/organization must be listed in the document.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 919A00002647

RECEIVED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 FEB 19 PM 3: 05 Hability Company as it now appears on our records.)

Florida Limited Liability Company) 07/13/2018 and assigned The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number L/8000/69737 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 "LLC" or the abbreviation "LLC" 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

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
SEC	Elvin A. Santana	84-15 Santa Catalina 4pts	- ■ Add
SEC		84-15 Santa Catalina 4pts C-73 T2-104 Bayamón	□ Remove
		P.D. 00961	Change
			Remove
			Change
		□ Remove	
			Change
			Add
			Remove
			Change
		R	Remove
			Change
			Add
			□ Remove
			Change

	eed to be add at article III Dealership of Motorcycles, 4 Traces, Sport Utility Vehicles, and Related Type Motor Vehicles in the geographical reas of United States and the Caribbean.
	and Delated Type Motor Vehicles in the againship
	The Complete
a	reas of United States and The Caribbean.
e <mark>ctive</mark> effecti	date, if other than the date of filing:
<u>e:</u> If t	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 's effective date on the Department of State's records
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
he 90	Oth day after the record is filed.
ovit	January 25th 2019
	Savings, V
	Lando Milla
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00