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## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJE	ст:	bth 26 LLC Name of Lin	nited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		٠
Please	return all corresp	ondence concerning this matter	to the following:		•
		<u> </u>	rine Ruhland		
			Name of Person		
			Firm/Company		
		4730	Ricara Dr.		
			Address		
		Bout	Jer CO SG303  City/State and Zip Code	-	
		+ring rohle E-mail address: (	nd @ Garail (03) to be used for future annual report notif	ication)	
For fur	her information of	concerning this matter, please e	all:	•	- Xcc
ı	Catherne	Dunima	at (730 ) 820 °	7580	CRETARY OF CO.
		of Person		Telephone Number	ENERGY CE
					三里 克里
Enclose	ed is a check for t	he following amount:			7. 1.7 2: 1.7
<b>S</b> \$25	0.00 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 Stat Certified Copy (additional copy is en	us & 📆
	MAII	JNG ADDRESS:	STREET/COURII	ER 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

NOTTH 20		<u> </u>
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number <u>L1800282953</u>	Company were filed on December 10, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>
		<b>9</b> (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Enter new mailing address, if applicable:		75 KG
(Mailing address MAY BE A POST OFFICE BOX)		7 F 65
		2:1
		L Sittle
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the ne
registered agent and/or the new registered writer and	1 (33 11(1))	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	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.

H 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

Title	<u>Name</u>	Address	Type of Action
MER	Marc Brotheson	4730 Ricaro Drive	<b>_</b>   <b>X</b> (Add
•		Boulder, (a 80303	□ Remove
·			□ Change
<u>AMB</u> 2	marc Brotheson	4730 Ricara Drive	
		Bulder (0 84303	<b>⊠</b> Remove
			□ Change
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				date of filing or more		ional) r filme ) Pursuant to 605
If an effective Note: If the document's he record	effective date on the specifies a delay	nust be specific and block does not a Department of Section of the defective of the defecti	meet the applicabl State's records date, but not a	le statutory filing r	equirements, th	a.m. on the earli
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