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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Ener	gy Control P	roducts	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	John	Stumpf Name of Person	
		Name of Person	
	Energy C	ondrol Products Firm/Company	
		, ·	
	6712 6015	Dr.	
		Address	
	Panama City T	Beach, Florida 32	40 छ
	Stumpflok	Seach, Florida 32. City/State and Zip Code 765 e Smail. Cor	nation)
The first on in franchism of			
1	oncerning this matter, please ca		
John St	umpf	at (316) 519 - 4 Area Code Daytime T	1931
Name of	Person	Area Code Daytime T	elephone Number
Englaced is a shoot for the	a fallouring amounts		
Enclosed is a check for th	-		-
\$25.00 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 Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Energy Control	Products LLC	
(Name of the Limited Lia (A Flo	Products LLC bility Company as it now appears on our records.) orda Limited Liability Company)	PR
The Articles of Organization for this Limited Liabilit	y Company were filed on $1/7/2019$	and assigned
This amendment is submitted to amend the following	Ç.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words " Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str ee t address	
	, Floric	
	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 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
MG R M	John Stumpf	6712 Golf Dr. Panama City Bear 32408	ch,Fl BAdd
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Note: If	the date ins	erted in this bl	ock does not	meet the app	licable statuto:	ry filing requi	rements, this	date will	not be li	isted a
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the reco	rd specific	es a delayed	effective	date, but	not an effec	tive time,	at 12:01 a	.m. on t	the ear	dier (
) The 9	Oth day a	fter the rec	ord is filed							
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			Signature of a	member or au	thorized repress	entative of a me	ember	## 25 05 06 FF	23	
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Filing Fee: \$25.00