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## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJEC		rvices LLC		
SUBJEA	<u></u> .	Name of Limi	ted Liability Company	
The encl	osed Articles o	f Amendment and fee(s) are subi	mitted for tiling.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		MIC	HAEL TOTH Name of Person	
		CLEVE	R SERVICES LL Firm/Company	.C
		1293 N. W.	NIVERSITY DR. Address	#192
		CONAL SERI.	City/State and Zip Code  RSERVICES FL. Com to be used for future annual report noti	
		CFO@ (LFVE E-mail address: ()	A SERVICE SFL. COM to be used for future annual report not	(fication)
For furtl	her information	concerning this matter, please ca	all:	
	MTCHA Name	EL 707H of Person	at ( <u>J34</u> ) <u>8 J3</u> Area Code Daytin	9240 ne Telephone Number
Enclose	d is a check for	the following amount:		
<b>■ \$2</b> 5	.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 Addr Registration	Section	Street Address: Registration Se	
	Division of P.O. Box 63	Corporations 327	Division of Co The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clever Services LLC			<del>.</del>			
( <u>Name of the Limited</u> (A	<u>Liability Compar</u> Florida Limited L	<u>ny as it now appe</u> Jability Company	ars on <u>our record</u> )	<u>s.</u> )		
The Articles of Organization for this Limited Liab Florida document number 1.19000059370	oility Company v	were filed on 2	3/1/2019	anc	Lassigned	
Articles of Organization for this Limited Liability Company were filed on 3/1/2019 and assigned ida document number L1/9000059370  stamendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." er new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  The new mailing address if applicable:  incipal office address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered and and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    AT C Heal   TOTH						
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:    A G   C   C   C   C   C   C   C   C   C						
The new name must be distinguishable and contain the work	ds "Limited Liabili	ity Company," the	designation "LLC	" or the abbreviation	n "L.L.C."	•
Enter new principal offices address, if applicab	ole:			- <del>20</del>	<del>- 23</del>	-
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	<del></del>	<u> </u>	<u> </u>	<u> </u>	· .
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>			EDARY OF SIAIL	R-2 AM	<u> </u>
agent and/or the new registered office address	<u>here</u> :					<u>ered</u>
Name of New Registered Agent:	MIC	HMEL	TOTH			_
New Registered Office Address:	1293_	N. UNI Enter l	JEAST14 Torida street pidre:	DR., #1	92	-
	_CoAAl	SPA To	<u>((-                                   </u>	lorida <u>330</u> Zip (	71 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Innovation Energy LLC	412 N Main Street, Suite 100	
		Buffalo, WY 82834	🖹 Remove
			□Change
MGR	Michael Toth	1293 North University Drive, #192	
		Coral Springs, FL 33071	□ Remove
		<del></del>	[]Change
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			Remove
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Effective date, if other than the offective date is listed, the date must	date of fil	ing:	e prior to d	ate of filing	or more than	(opti	onal) · tiling.) Purs	suant to	605,020
<u>Note:</u> If the date inserted in this blo document's effective date on the De	ek does no	ot meet the	applicable	statutory	filing requi	rements, thi	s date will	not be l	listed as
e record specifies a delayed effective rd is filed.	date, but r	not an effec	rtive time.	at 12:01 a	i.m. on the	earlier of: (t	o) The 90t	h day a	fler the
Dated		2020							
izaca	<del></del>	<del> `</del>		•					
	Signature of	l'a member (	or authorize	ed represen	ative of a m	ember			
				•					

Filing Fee: \$25.00