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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

9/23/19

NAME: ALTECH GREEN ENERGY LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HO

COVER LETTER

CHIDICOR	n Energy LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	_		
Please return all correspon	dence concerning this matter	to the following:		
	Gabriela Arias			
		Name of Person		
	ZenBusines Inc.			
	Firm/Company			
702 San Antonio St. 4th Floor				
	Address			
	Austin, TX 78701			
	City/State and Zip Code			
	fulfillment@zenbusiness.co	om to be used for future annual report not		
For further information co	ncerning this matter, please ca		nication)	
Gabriela Arias	meening and maner, preuse en	512 237-7349		
		at ()		
Name of	Person	Area Code Daytin	e Telephone Number	
Enclosed is a check for the	e following amount:			
■ \$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)	
	NG ADDRESS: tion Section	STREET/COUR Registration Section		

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

Registration Section Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

19 SEP 23 PH 3:4,

Altech Green Energy 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 Compan	y were filed on <u>08/14/2019</u>	and assigned
Florida document number L19000207781		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the a	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	affice address on our records entor	r the name of the na
registered agent and/or the new registered office address he		the name of the Re
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	, riorida	Zip Code
New Dagistared Agent's Signature if changing Dagistared Agen	.	

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Michael Meyer	4411 Bee Ridge Rd #105 Sarasota, FL 34233	
			■ Remove
			□ Change
			Add
			Remove
			Change
			70 PAdd -
			Remove-
			Change
			Add
			Remove
			Change
			□ Remove
			□ Change
		_	□ Add
			Remove
			☐ Change

Effective date, if other than the date of filing:	
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Dated September 21st 2019	a.m. on the earlier o
Trevor Folsy Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00