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COVER LETTER

TO:	Registration S Division of Co			
etib ilia	"1"E".	Energy Solutions LLC		
SUBJEC	-l:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Antonio Dowels		
		Dowels Law Firm LLC	Name of Person	
		301 W Platt St Stc 684	Firm/Company	
		Tampa, FL 33606	Address	
		adowels@dowelslaw.com	City/State and Zip Code	.
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information o	concerning this matter, please ca	all:	
Antonio	Dowels		813 804-9989 at ()	
	Name c	nf Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for t	he following amount:		
= \$ 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 Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Innovative Energy Solutions 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 Company were filed on $\frac{08/15/2019}{1}$ and assigned Florida document number <u>L19000208614</u> 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 "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 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: 301 W Platt St Ste 684 New Registered Office Address: Enter Florida street address , Florida 33606 Zip Code Tampa

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>	<u>Address</u>	Type of Action
AMBR	Thrower Ronald		
			■ Remove
	Ronald Thrower	10006 Cross Creek Blvd Suite 183	Change
AMBR	·	Tampa, FL 33606	Add
			Remove
			Change
			□ Add
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effective date is listed, the date must be specific and cannot be pre: If the date inserted in this block does not meet the appument's effective date on the Department of State's recor	(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 blicable statutory filing requirements, this date will not be listed as rds.
record specifies a delayed effective date, but in the solution of the secord is filed.	not an effective time, at 12:01 a.m. on the earlier o
August 28 2019	
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Signature of a member or at	uthorized representative of a member