*A/4000000012

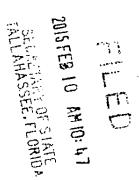
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:
CORRECTION POR CONVERSATION
WITH TONY REITZ 2/10/2015
CORRECTION POR CONVERSATION LITH TONY REITZ 2/10/2015 KS
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K. SALY EXAMINER FEB 1 0 2015 41 6 75



December 4, 2014

SOUTH ATLANTIC REGIONAL CENTER, LLC TONY REITZ 197 S FEDERAL HWY, STE. 200 BOCA RATON, FL 33432

SUBJECT: CARBOLOSIC ENERGY 1, LLLP

Ref. Number: A1400000012

We have received your document for CARBOLOSIC ENERGY 1, LLLP and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a current general partner, if any, and by each newly designated general partner(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 614A00025555

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Carbole	osic Energy 1, LLLP
Name of Florida Limited Part	nership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment an	d fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to:
Tony Reitz Contact Person	
	or IIC
South Atlantic Regional Center	II, LLO
197 S. Federal Highway, Sui	te 200
Address	
Boca Raton, FL 33432	
City, State and Zip Code	
tony.reitz@att.net	
E-mail address: (to be used for future annual a	report notification)
For further information concerning this ma	atter, please cail:
Tony Reitz	at (561) 309-8134
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount	ınt:
S52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee, and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section Division of Corporations
Division of Corporations Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP \mathbf{OF}

FILED
2015 FER 10
2015 FEB 10 AH 10: 47
TALLAHASSEE, FLORIE

Carbolosic Energy 1, LLLP

insert havie currently of	The with Plotted Department of State	· U <i>j</i> ą
limited liability limited partnership, whose cert 01/07/2014 , assigned I	, Florida Statutes, this Florida limited partnership or Lificate was filed with the Florida Department of Sta Florida document number <u>A14000000012</u>	
adopts the following certificate of amendment	to its certificate of limited partnership.	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the here:	e limited partnership or limited liability limited partn	<u>ership</u>
New name must be distingu	nishable and contain an acceptable suffix.	********
Acceptable Limited Parmership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe	ership, Limited, L.P., LP, or Ltd. ss: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
B. If amending mailing address and/or principal office address here:	cipal office address, enter new mailing address a	<u>nd/or</u>
New Principal Office Address:		
(Must be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or reg new registered agent and/or the new registered of	istered office address on our records, enter the name ffice address here:	of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	

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.

1f Changing Devictored	Agant Signature	of New Registered Agent	
TI CHAIRBIN ICEISIGICA	WECH! DIRIBUILLE	Of INCH INCESSION	

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
GP	AMG Renewables, LLC	400 N Congress Avenue Suite 130 West Palm Beach, FL 334	Add Remove
<u>GP</u>	SOUTH ATLANTIC REGIONAL CENTER, LLC	197 S Federal Highway Suite 200 Boca Raton, FL 33432	Add Remove
			Add Remove
			_
			Add Remove Add Control Re
			Add FF OF STA
	ited partnership or limited liability ership" status, enter change here:	limited partnership is amen	
This Li	mited Partnership hereby elects to be	a "Limited Liability Limited P	artnership."
This Li	mited Partnership hereby removes its	"Limited Liability Limited Par	rtnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

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effective date, if oth	or than the dat	e of filing:	,		 		
Estive date cannot b	e prior to nor ma	re than 90 days a	fter the date	this documen	t is filed by th	e Florida l	Department
tate.)	,		•				
		•				,	
	•	,					
Signature(s) of a go	<u>encral partne</u> j	r or all genera	l partner	g*:			
*NOTE: Only one cu	rrent peneral narm	ner is required to	eion this doc	ument unlecc	the limited n	armerchin'i	e addina or
emoving a "limited lial	bility limited parts	nership" election	statement, (Chapter 620, 1	F.S., requires	alligeneral	partners to s
vhen adding or removi	ng a "limited liabi	lity limited partne	ership" elect	ion statement)		,
				, .	1		
AMC Renew	ibles 110			12 _	I W		
17 1100 11011010	LUC. LUC			<i></i>	1	/	
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ligingth ma(s), of all	NOTE OF Alices	latha caraci		2) :5			
Signature(s) of all	new or dissoc	lating general	partner(5), if any:			
		lating general	partner(s), if any:	4		
		lating general	partner(e), if any:	Atty	J	
AUG REND	WARLES, L	<u>ić</u>	partner(s), if any:	Atr	1	
ANG REND	WARLES, L	<u>ić</u>	partner(s), if any: ×	At pe	4	
ANG REND	WARLES, L	<u>ić</u>	partner(s), if any: ×	Aty	4	
ANG REND	WARLES, L	<u>ić</u>	partner(e), if any:	Aty	4	
AUG REND	WARLES, L	<u>ić</u>	partner(s), if any:	At ye	1	
AUG REND	WARLES, L	<u>ić</u>	partner(s), if any: ×	Aty	1	
AUG REND	WARLES, L	<u>ić</u>	partner(e), if any: × ✓ × ✓	Aty	4	
Signature(s) of all AUG RENE SOUTH ATLAN CENTER, LL Filling Fee:	WARLES, L	<u>ić</u>	partner(e), if any:	Aty	1	