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SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS
FEB 1 2 2010
EXAMINER

Chris Ponsoldt 2740 SW Martin Downs Blvd #240 Palm City Fl 34990

Florida Department Of State **Division of Corporations** P.O. Box 6327 Tallahassee, Fl 32314

February 3, 2010

I need you to change the company name to: Southern Florida Gas, Ilc. a name amendment has been enclosed.

Enclosed you will also find an additional check for \$177.50. I hope this satisfies all the fees. Also Enclosed # 25 Amendant fee. These fees are causing a hardant fee.

Chris Ponsoldt

Manager

Sincerely

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: South Florida Eas Name of Limited	ととて、 I Liability Company	
The enclosed Articles of Amendment and fee(s) are subm	itted for filing.	
Please return all correspondence concerning this matter to	the following:	
·	Name of Person Chris	•
	Firm/Company Gazee BO	s unlimb
		0 MANTIN DOWN 240 M CM FE 34990
his long of O yahoro. con	be used for future annual report notificat	ion)
For further information concerning this matter, please call		
Chris Punsold Name of Person	at (772) 283-9 Area Code & Daytime T	
Enclosed is a check for the following amount:		
\$25.00 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
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

South Florida Gas, LLC

FILED

2010 FEB 1.1 AM 9: 57

___ SECRETARY OF STATE

(A Florida Limited Liability Company) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 4/27/05 and assigned
Florida document number L 040600 37437
This amendment is submitted to amend the following: Change pare
A. If amending name, enter the new name of the limited liability company here: Southern Florida 698
The new name must be distinguishable and end with 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) 15775 WANGELD Blud. Indian fown fl 34956 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 2740 SW MARDIN DOWNS BWD. # 240 PARM Coly R 34990
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: 69200000 Unlimited Curfing ponsolutions New Registered Office Address: 2740 SW MARTIN DOWNS Blud. Enter Florida street address
Palm City City - Florida Zip Code 34990

New Registered Agent's Signature, if changing Registered Agent:

a. . . .

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 608, 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

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	lanager Managing Memb	ber			
<u>Title</u>	<u>Name</u>		<u>Address</u>	,	Type of Action
N.D.R Owner	Mazeesos	Valiniter/Corp.	OKERCHOLE	Hosanah LN. e fi stary	Add Remove
					☐ Add ☐ Remove
					Add Remove
					Add Remove
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D. If ame	nding any other i	nformation, enter change(s)	here: (Attach additio	onal sheets, if necessary,)
Dated_		Signature of a member of a	authorized representative	e of a gember	ZOINFEB 1.1 AM 9: 57 ZOINFEB 1.1 AM 9: 57 SECRETARY OF SIGNE SECRETARY OF SIGNE

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00