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D. BRUCE
JAN 2 3 2012
EXAMINER

COVER LETTER

TO:

TO:	Registration S Division of Co				٠		
SUBJE	CCT:	s	OIL, LLC				
	<u> </u>	Name of Lim	ited Liability Company	,			
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.				
Piease 1	return all correspo	ondence concerning this matter	to the following:				
			P'KEITH RIGSBY			•	
			Name of Person				
		KILL A	WATT CONSULTING, LLC	;			
			Firm/Company				
		11600	COURT OF PALMS # 406				
			Address		- Lange 19	12	
		FC	ORT MYERS, FL 33908			Ā	-1
			City/State and Zip Code		ASS.	JAN 20	T
		k	eith@keithrigsby.com to be used for future annual report notifi		61 63 CA CA	- - -	İT
For furt	ther information of	eman address: (concerning this matter, please of		cation)	FLORI	PH 12: 2(C
	PK	EITH RIGSBY	at (671-8858	.> 	တ	•
	Name o	of Person	Area Code & Daytimo	Telephone Number			
Enclose	ed is a check for t	he following amount:					
\$ 25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)) Certified	te of Status		ed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations nter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOIL,	, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	i <mark>ny as it now appea</mark> Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	06/17/2004	and assigned
Florida document numberL04000045604			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
KILL A WATT CON	NSULTING, LLC	C	
The new name must be distinguishable and end with the words "Lim 'L.L.C."	ited Liability Comp.	any," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:	11600 COUF	RT OF PALMS	# 406
(Principal office address MUST BE A STREET ADDRESS) FORT MYERS, FL. 33		RS, FL. 33908	
		<u> </u>	<u> </u>
Enter new mailing address, if applicable:	11600 COUF	RT OF PALMS	#406 ² 2 =
(Mailing address MAY BE A POST OFFICE BOX)		RS, FL. 33908	
			12: 26
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>ente</u>	
Name of New Registered Agent:			
New Registered Office Address:			•
	En	nter Florida street d	address
· · · · · · · · · · · · · · · · · · ·		, Florida	
	City		Zip 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 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 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>

	Manager = Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
.			Add Remove
	·		Add Remove
	-		Add Remove
**************************************			Add Remove
			Add Remove
D. If am	ending any other information, enter chang		ssary.)
	•		FIL 12 JAN 20 1
Dated	January 5 , 20	<u>)12</u> .	PHI2: 26
	Signature of a member	Tor authorized representative of a member	
		TH RIGSBY, MGRM or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00