L07000021991

(Requestor's Name)					
(Address)					
(Address)					
(latitude)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
A					
A. LUNT					
1					
MAY 21 2011					
EXAMINER					
- AMMINATA					
<u>:</u>					

Office Use Only



700235183537

05/18/12--01008--027 **25.00

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: MYAKKA ENERGY GROUP, LLC Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
H. RAY BADEN Name of Person MYAKKA ENENRGY GROUP, LLC Firm/Company 117 25 ST W Address BRAD ENTON FC 3420 City/State and Zip Code ray @ rocky Creek vanch, gray and gray and gray for future annual report notification) For further information concerning this matter, please call: H. RAY BADEN at (941), 531-3188					
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 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 **Area Code & Daytime Telephone Number **Street/Course & \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) **Street/Course Additional copy is enclosed** **Certified Copy (additional copy is enclosed*) **Certified Copy (additional copy is enclosed*)					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on <u>Feb 27, 2007</u> Florida document number _ L 070000 2 1991 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 end with the words "Limited Liability Company," the designation "LLC "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: New Registered Office Address: Enter, Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = M MGRM =	anager Managing Member	csa halauz	\		
Title MG	R Christopler Bad	Address (See helow as MGRM	Type of Action		
4		Bradenton, FC	Add Remove		
MGR	H. Ray Baden	117 25th STW Bradenton, FC 34705	Add Remove		
M6-RA	M <u>SARA Baden</u>	117 254 ST W Bradenton, FC 34205	Add Remove		
MGRI	M Joanna Baden	117 254 STW BYADENTON, FC 34205	Add Remove		
MGRM	M VIRGINIA BADEN	P.O. Psy 14845 Bradenton, FC 34280	_Û∕Add ∐Remove		
MGRN	1. Christopher Baden	316 ZOLLSTW Poradenton, the 34205	Add Remove		
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
- - -			TALL AND THE PH 2		
Dated	$\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$	<u> </u>	\$		
	Signature of a member o	r authorized representative of a member			
Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00