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SECRETARY OF STATE

S. HAWKES DEC - 4 2009 EXAMINER

S. HAWKES

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Nature Const Electric 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:			
William D Sufferwhite Name of Person			
Nature Coast Electic LLC Firm/Company			
710 W. O.k St. Address			
Perry F1. 32347 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
B. Il Saffar while at (850) 584 6674  Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{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

Nature Coast E.	lectric L.L.C.	
(Name of the Limited Liability C (A Florida Lin	company as it now appears mited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Cor. Florida document number <u>L0700040469</u>	mpany were filed on <u>04 -</u>	\$ c. 09
This amendment is submitted to amend the following:		F. G. 3
A. If amending name, enter the new name of the limite	ed liability company here:	STATE OF THE STATE
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		· Satter white
(Principal office address MUST BE A STREET ADDRE		Oak st
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
non registered Office / tuyinoss.	Enter Florida street address	
		, Florida
<del></del>	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 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 = Manager

MGRM = Managing Member

Title <u>Name</u> Address Type of Action MGRM William D. Satter white ☐ Add Remove William L. Satter white MGRM Remove ☐ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Dec. 2 WILLIAM D. SATTER WHITE
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00