L08000099382				
(Requestor's Name) (Address)	200161747222			
(City/State/Zip/Phone #)	10/23/0301009002 *+25.00			
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	SECKETARY OF STATE JIVISION OF CORPORATIONS 09 OCT 23 PH 2: 54			
Office Use Only	T. HAMPTON OCT 2 6 2009			

EXAMINER

ł

Ì

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT:

## RAW POWER, 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:

**BERNIE WOODY** 

Name of Person

RAW POWER, LLC

Firm/Company

11740 OSPREY POINTE BLVD

Address

CLERMONT, FL 34711

City/State and Zip Code

BWLAND@EARTHLINK.NET

E-mail address: (to be used for future annual report notification)

at(407)

For further information concerning this matter, please call:

BERNIE WOODY

Name of Person

592 6888

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

**▼** \$25.00 Filing Fee

530.00 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

RAW POWER, LLC		
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number	10/22/08	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>v here</u> :	
The new name must be distinguishable and end with the words "Limited Liability C "L.L.C."	company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		S XIC
(Principal office address MUST BE A STREET ADDRESS)		SION C
		F COR F COR F COR
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
······		
		Ś

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street 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 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

.

<u>Title</u>	Name	Address	Type of Action
MGRM	BERNIE WOODY	11740 OSPREY POINTE BLVD CLERMONT, EL 34711	Add Z Remove
MGRM	BERNIE WOODY, TENNA	TENANT BY ENTIRETY 11740 OSPREY POINTE BLVD CLERMONT, FL 34711	Add Remove
MGRM	JANICE KUNITSUGU	11740 OSPREY POINTE BLVD CLERMONT, EL 34711	Add
MGRM	JANICE KUNITSUGU, TE	TENANT BY ENTIRETY 11740 OSPREY POINTE BLVD CLERMONT, FL 34711	Add Remove
			Add Remove
			Add Remove
D. If an		hange(s) here: (Attach additional sheets, if necessary.	
		THE OWNERSHIP OF THE TWO MEMBE	
		E TO APPEAR BEHIND THE NAMES ON T	
		GE TO THE ADDRESS LINE ALSO.	
Dated	OCTOBER 20,	2009	FILE SECRETARY VISION OF CO
	Signature of a me	mber or authorized representative of a member	
		BERNIE WOODY ypcd or printed name of signee	DRATIC 2: 55
		Page 2 of 2	UNS I
		Filing Fee: \$25.00	