

L100000009849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 03 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

COPY

May 2, 2014

HERBERT L WILLIAMS
171 COMFORT ROAD
PALATKA, FL 32177

SUBJECT: KEUKA RESEARCH AND DEVELOPMENT PARK, LLC
Ref. Number: L10000009849

We have received your document for KEUKA RESEARCH AND DEVELOPMENT PARK, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L10000009742.

✓ Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 214A00009422

Please see NEW DOCUMENT attached.

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Keuka Research and Development

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:

Herbert Williams

Name of Person

Keuka Research and Development

Firm/Company

171 Comfort Road

Address

Palatka, FL 32177

City/State and Zip Code

b.ryan@keukaenergy.com

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

For further information concerning this matter, please call:

Brenda Ryan

Name of Person

at **386 328-2470**

Area Code

Daytime Telephone Number

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TALLAHASSEE FL 32301

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 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

Keuka Energy LLC
171 Comfort Road
Palatka, FL 32177
386-328-2470 ph 386-326-1155 fax
FEI #27-1849486

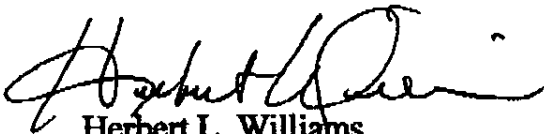
June 03, 2014

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Deborah Bruce,

This letter is to inform your department that we have no plans to revoke the dissolution that we filed on May 27, 2014 for Keuka Energy LLC. For this reason we are also releasing the name Keuka Energy LLC.

Sincerely,



Herbert L. Williams
Registered Agent

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Keuka Research and Development LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/27/2010 and assigned Florida document number L10000009849.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Keuka Energy LLC

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)

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

City

Florida

Zip Code

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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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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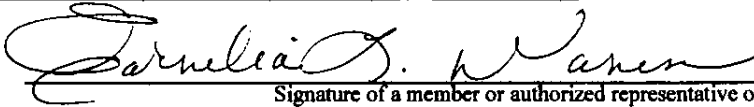
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STATE OF FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **May 28**, **2014**



Signature of a member or authorized representative of a member

Cornelia Danese

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA