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| (Red                    | questor's Name)   |           |
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| PICK-UP                 | WAIT              | MAIL      |
| (Bu                     | siness Entity Nam | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
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MR SEP 24 PM 2: 49

FERRINGE SINGE

J. BRYAN

SEP 25 2012

**EXAMINER** 

## **COVER LETTER**

TO:

**Registration Section** 

| Division of                                   | f Corporations                                |  |   |
|---|---|--|---|
|   | FX F  | Renew LLC  |   |
| SUBJECT:                                      |   |  |   |
|   |   | • • •  | . 3   |
|   |   |  | 意うて   |
| The enclosed Article                          | es of Amendment and fee(s) are sub            | omitted for filing.  |   |
| Please return all cor                         | respondence concerning this matter            | to the following:  | F 1 F 24 PH 2: 49   |
|   |   |  | सिंव द  |
|   |   | Scott Nourse   | 7.  |
|   |   | Name of Person   | 5   |
|   |   |  |   |
|   |   | Firm/Company   | <del></del>   |
|   |   |  |   |
|   |   |  |   |
|   |   | Address  |   |
|   | S   | t Augustine, FL 32084  |   |
|   | <del></del>                                   | City/State and Zip Code  |   |
|   | sr  | nourse@fxrenew.com   | <u> </u>  |
|   | E-mail address: (                             | to be used for future annual report notif                        | ication)  |
| For further information                       | tion concerning this matter, please of        | eall:  |   |
|   | Coott Novemen                                 | 407  | 062 2760  |
| N   | Scott Nourse<br>ame of Person                 |  | 963-3768<br>e Telephone Number  |
|   |   |  |   |
|   |   |  |   |
|   | for the following amount:                     |  |   |
| \$25.00 Filing Fe                             | ee \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|   |   |  | (additional copy is choiced)  |
|   | 1AILING ADDRESS:                              | STREET/COURI   |   |
| Registration Section Division of Corporations |   | Registration Section Division of Corporation                     |   |
| P   | .O. Box 6327                                  | Clifton Building   |   |
| 1   | allahassee, FL 32314                          | 2661 Executive Ce<br>Tallahassee, FL 32                          |   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

THE PROPERTY OF THE PROPERTY O **OF** EX Renew LLC

|   | LVICELIE          |                        | <u> </u>                    | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |  |
|---|-------------------|------------------------|-----------------------------|----------------------------------|--|
| ( <u>Name of the Limited</u><br>(A  | Liability Compa   | ny as it now appear    | <u>'s on our records.</u> ) | 2:                               |  |
| (A  | Florida Limited L | liability Company)     |                             |                                  |  |
| The Articles of Organization for this Limited Li Florida document numberL10000037 |                   | were filed on          | April 7, 2010               | and assigned                     |  |
| This amendment is submitted to amend the following                                | owing:            |                        |                             |                                  |  |
| A. If amending name, enter the new name of  | the limited liab  | ility company her      | <u>re</u> :                 |                                  |  |
|   |                   |                        |                             |                                  |  |
| The new name must be distinguishable and end wit "L.L.C."                         | h the words "Limi | ited Liability Compa   | nny," the designation "L    | LC" or the abbreviation          |  |
| Enter new principal offices address, if applica                                   | able:             | 2807 N. 10th           | Street                      |                                  |  |
| (Principal office address MUST BE A STREE   | T ADDRESS)        | St Augustine, FL 32084 |                             |                                  |  |
| Enter new mailing address, if applicable:   |                   | 2807 N. 10th           | Street                      | ,                                |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |                   | St Augustine, FL 32084 |                             |                                  |  |
|   |                   |                        |                             |                                  |  |
| B. If amending the registered agent and/or the new registered of                  |                   |                        | our records, <u>enter t</u> | he name of the nev               |  |
| Name of New Registered Agent:   |                   |                        |                             |                                  |  |
| New Registered Office Address:  | 2807 N. 101       |                        |                             |                                  |  |
|   |                   | En                     | ter Florida street add      | ress                             |  |
|   | s                 | t Augustine            | , Florida                   | 32084                            |  |
|   |                   | 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 = Ma<br>MGRM = 1 | anager<br>Managing Member       |                  |  |  |                   |
|----------------------|---------------------------------|------------------|--|--|-------------------|
| <u>Title</u>         | <u>Name</u>                     | <u>A</u> (       | <u>ddress</u>  | 3  | ype of Action     |
|                      | <del> </del>                    |                  |  |  | ☐ Add<br>☐ Remove |
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|                      |                                 |                  |  | F  | ☐Add<br>☐Remove   |
| D. If amer           | nding any other information, en | iter change(s) h | ere: (Attach additional shee                                 | ets, if necessary.)  | ZB42 SEP 24 PM    |
| Dated                | September 17                    | , 2012           | _•   | Spirit and a spiri | 1 2: 49           |
|                      | <del>-</del>                    | cott 11          | thorized representative of a me<br>with the manner of signee | ember  |                   |

Page 2 of 2

Filing Fee: \$25.00