

L10000064302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

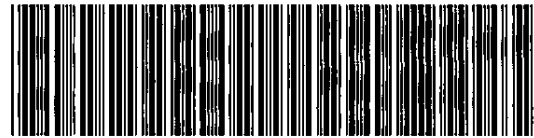
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600185258286

10/12/10--01024--005 **25.00

FILED
10 OCT 20 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Wh-48074

J. BRYAN

OCT 21 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALTERNATIVE ENERGY PLUS 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:

UNA TAYLOR
Name of Person
ALTERNATIVE ENERGY PLUS
Firm/Company
16820 SW 39TH STREET
Address
MIRAMAR FL 33027
City/State and Zip Code
UNA4CHRIS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

FILED
10 OCT 20 PM 1:49
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

UNA TAYLOR at (**954**) **292-0033**
Name of Person Area Code & Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2010

UNA TAYLOR
ALTERNATIVE ENERGY PLUS LLC
16820 SW 39TH STREET
MIRAMAR, FL 33027

SUBJECT: ALTERNATIVE ENERGY PLUS LLC
Ref. Number: L10000064302

FILED
10 OCT 20 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ALTERNATIVE ENERGY PLUS 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 410A00024259

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

ALTERNATIVE ENERGY PLUS 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 06/16/2010 and assigned Florida document number L10000064302.

This amendment is submitted to amend the following:

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

RENEWABLE ENERGY SUPPLIES 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)

FILED
10 OCT 20 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

_____, **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:

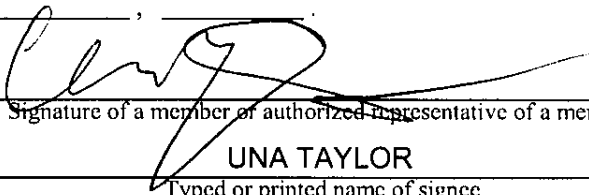
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<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 <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
 10 OCT 20 PM 1:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated _____



Signature of a member or authorized representative of a member

UNA TAYLOR

Typed or printed name of signee