

L 10000064324

(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



900194058119

02/14/11--01009--023 **25.00

FILED

11 FEB 14 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

FEB 15 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Grid Mizer 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:

James D. Nicholoff

Name of Person

Grid Mizer LLC

Firm/Company

1594 Ensenada Dr.

Address

Orlando, FL 32825

City/State and Zip Code

angel.doyle@yahoo.com

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

For further information concerning this matter, please call:

James D Nicholoff

Name of Person

at (407)

496-8080

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

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

Grid Mizer LLC

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

FILED
11 FEB 14 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 16, 2010 and assigned Florida document number L10000064324.

This amendment is submitted to amend the following:

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

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)

1594 Ensenada Dr

Orlando, FL 32825

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P. O. Box 6130

Winter Park, FL 32793

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:

James D Nicholoff

New Registered Office Address:

1594 Ensenada Dr

Enter Florida street address

Orlando

City

Florida

32825

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.

James D Nicholoff
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:

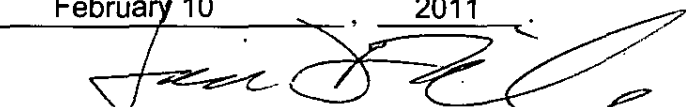
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	USA Energy LLC	1000 Savage Ct # 215 Longwood, FL 32750	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	James D Nicholoff	1594 Ensenada Dr Orlando, FL 32825	<input checked="" 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.)*

Dated February 10, 2011



Signature of a member or authorized representative of a member

James D Nicholoff

Typed or printed name of signee