L10000087823

(Requestor's Name)						
(Requestors Name)						
(Address)						
(Address)						
(Addless)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Certificates of Status						
Special Instructions to Filing Officer:						
·						

Office Use Only



600211099826

08/18/11--01023--010 **75.00

HILED

11 AUG 18 PH 1: 27

SECRETARY OF STATE
FALLAHASSEE, FI ORIO.

J. BRYAN

AUG 1 9 2011

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE	ECT:	Comnet En	ergy Solutions LL	С		
		Name of Limi	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	bmitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Neil Glachman				
			Name of Person			
		Comi	Comnet Energy Solutions LLC			
			Firm/Company			
		48	1800 N. Federal Highway			HAUG 18 PM 1: 23 SECRETARY OF STATE ALLAHASSEE, FLORID
			Address		•	NO F
		В	loca Raton, FL 3343	1		AUG 18 PH
	City/State and Zip Code				FS	
		neil	g@comnetenergy.co	om Port notification	7	器 2
For fur	ther information co	oncerning this matter, please c		,	,	5
	Ne	il Glachman	at (561)	999-00	06 X104	
	Name of	f Person	Area Code	& Daytime Telep	phone Number	•
Enclose	ed is a check for th	e following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is	enclosed)	Certified	te of Status &
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registration Division on Clifton Bu	of Corporations	:	

Tallahassee, FL 32301

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

Co	mnet Energy Solutions L	LC ,		
(Name of the Limite	d Liability Company as it now app A Florida Limited Liability Company	ears on our records.) y)		
The Articles of Organization for this Limited	Liability Company were filed on _	August 20, 2010	and assigned	
Florida document numberL100000	8723			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability company h	<u>iere</u> :		
The new name must be distinguishable and end w'L.L.C."	vith the words "Limited Liability Con	npany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if appl	icable:			
Principal office address MUST BE A STRE	ET ADDRESS)	70	<u>s</u> =	
		ASS		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	<u></u>	7		
B. If amending the registered agent and		our records, <u>enter th</u>	is name of the ne	
registered agent and/or the new registered	office address here:			
Name of New Registered Agent:	Neil Glachman			
New Registered Office Address:	4800 N. Federal Highway			
	j	Enter Florida street addr	ress	
·	Boca Raton	, Florida	33431	
	City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agents			

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 Type of Action <u>Title</u> <u>Name</u> **Address MGMR** Neil Glachman 17888 Fieldbrook Circle Remove Boca Raton, FL 33496 Rodney Smith MGR 21443 Sweetwater Lanes ☐ Add Boca Raton, FL 33428 ✓ Remove GL Associate Partners LLC MGR 7940 N. Federal Highway ☐ Add Boca Raton, FL 33487 Remove ∏Add Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Neil Glachman

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00