

**L10000112658**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

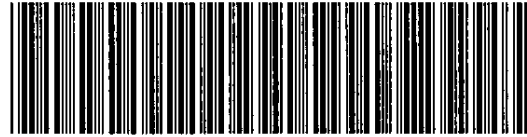
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**JAN 11 2013**  
**L. SELLERS**

Office Use Only



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12/17/12--01025--017 \*\*25.00

**FILED**  
**13 JAN -9 11:12:38**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Burning Star Green Energy, 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:

Michael T. Sexton  
Name of Person

Burning Star Green Energy, LLC  
Firm/Company

205 Worth Ave., Suite 201  
Address

Palm Beach, Florida 33480  
City/State and Zip Code

mike@Frontier Title Group.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael T. Sexton at ( 727 ) 560 4574  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

December 18, 2012

MICHAEL T. SEXTON  
205 WORTH AVENUE, STE. 201  
PALM BEACH, FL 33480

SUBJECT: BURNING STAR GREEN ENERGY, LLC  
Ref. Number: L10000112658

We have received your document for BURNING STAR GREEN ENERGY, 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) 245-6051.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 712A00029884

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

Burning Star Green Energy, 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 10/28/2010 and assigned Florida document number L10000112658.

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)

205 Worth Ave., suite 201  
Palm Beach, FL  
33480

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

205 Worth Ave., suite 201  
Palm Beach, FL  
33480

**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:

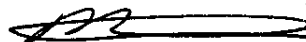
Michael T. Sexton

New Registered Office Address:

205 Worth Ave., suite 201  
Enter Florida street address  
Palm Beach, Florida 33480  
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>                      |
|--------------|--------------------------|-----------------------------|--|
| <u>mGR</u>   | <u>Caldwell</u>          | <u>2215 cluster oak Dr</u>  | <input type="checkbox"/> Add               |
|              | <u>management</u>        | <u>#3</u>                   | <input checked="" type="checkbox"/> Remove |
|              | <u>Services, LLC</u>     | <u>Clermont, FL 34711</u>   |  |
| <u>mGR</u>   | <u>Michael T. Sexton</u> | <u>205 Worth Ave., #201</u> | <input checked="" type="checkbox"/> Add    |
|              |                          | <u>Palm Beach, FL</u>       | <input type="checkbox"/> Remove            |
|              |                          | <u>33480</u>                |  |
| <u>_____</u> | <u>_____</u>             | <u>_____</u>                | <input type="checkbox"/> Add               |
| <u>_____</u> | <u>_____</u>             | <u>_____</u>                | <input type="checkbox"/> Remove            |
| <u>_____</u> | <u>_____</u>             | <u>_____</u>                | <input type="checkbox"/> Add               |
| <u>_____</u> | <u>_____</u>             | <u>_____</u>                | <input type="checkbox"/> Remove            |
| <u>_____</u> | <u>_____</u>             | <u>_____</u>                | <input type="checkbox"/> Add               |
| <u>_____</u> | <u>_____</u>             | <u>_____</u>                | <input type="checkbox"/> Remove            |
| <u>_____</u> | <u>_____</u>             | <u>_____</u>                | <input type="checkbox"/> Add               |
| <u>_____</u> | <u>_____</u>             | <u>_____</u>                | <input type="checkbox"/> Remove            |

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

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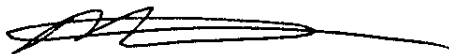
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Dated 12/28/12, 2012



Signature of a member or authorized representative of a member

Michael T. Sexton

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**