L10000124205

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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON
FEB - 8 2011
EXAMINER

COVER LETTER

TO:	Registration So Division of Cor		, *	•
SUBJE	: Ст.	ENERGY PARTNE	RS & ASSOCIATES, L	LC
SUBJI	<u></u>		ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Mark Levin	
			Name of Person	
ENERGY PART			ARTNERS & ASSOCIATES	, LLC
Firm/Company			Firm/Company	
7940 N.			40 N. Federal Highway	
			Address	
			oca Raton, FL 33487	
			City/State and Zip Code	
			levin@marlinfin.com	
		·	to be used for future annual report notif	icanon)
For fur	ther information of	concerning this matter, please of	eall:	
		Mark Levin	at (240)	8765388
	Name o	of Person	Area Code & Daytim	e Telephone Number
Enclos	ed is a check for t	he following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Sectificate 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 DIV

SECRETARY OF STATE DIVISION OF CORRESPATIONS

ENERGY PARTNERS & ASSOCIATES, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 12/02/2010 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L10000124205 Florida document number 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) 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: GL Associate Partners LLC Name of New Registered Agent: 7940 North Federal Highway New Registered Office Address: Enter Florida street address Boca Raton

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>	Address	Type of Action
MGMR	GL Associate Partners LLC	7940 North Federal Highway Boca Raton, Florida 33487	Add Remove
<u>MGMR</u>	GL Associates LLC	7940 North Federal Highway Boca Raton, Florida 33487	Add Remove
			Add Remove
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		AddRemove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ory.)
			CRETARY OF COR
	February 03, 2	ou!	F STATE PRATION
	Pro		
	,	r or authorized representative of a member Mark Levin or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00