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SECRETARY OF STATE

C. LEWIS

NOV 2 1 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Energy Choice Partners LC 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:
Colleen Falkowski Name of Person
Energy Choice Partners 11C
110 n. Betty In. Address
City/State and Zip Code
CFalkouski Camail. Com 12-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
OCO++ Hedges at (727) 831-2023 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} &

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**

FILED

2011 NOV 18 PM 2: 17

Energy Choice (Name of the Limited L.) (A.F.)	Partners IIC iability Company as it now appears on ou lorida Limited Liability Company)	SECRETARY OF STATE <u>records</u> LAHASSEE. FLORIDA	
The Articles of Organization for this Limited Liab	oility Company were filed on 19/8		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company here:		
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company," the	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable:	<u></u>		
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the new	
Name of New Registered Agent:	@0800000000000000000000000000000000000		
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Reg	vistered 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> **Name** Address Type of Action Colleen Falkowski WGBW. ☐ Add 【 Remove ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar) Please remove the name Colleen Falkanski from the business. Scott Hedger should be these Dated ____ //- 7-// Cleen falkoust
Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00