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B. BOSTICK SEP **21** 2012

**EXAMINER** 

# COVER LETTER.

• •
SUBJECT: CATALY ST ENERGY COLLAISORATIVE, 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:
Name of Person
Firm/Company
TO 100 SKA GROVE ST ZZOY Address
ESTERO, FL. 33928.  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:  WILLIAM CLASS at (239) 877-2500  Name of Person Area Code & Daytime Telephone Number  Finclosed is a check for the following amount:
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 _	4/20/2011	and	l assigr	ıed
Florida document number <u>LII 0000 4699</u>	<u> </u>				
This amendment is submitted to amend the following:	;				
A. If amending name, enter the new name of the li	mited liability company	<u>here</u> :			
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Cor	npany," the designation "	LLC" or	the abb	reviation
Enter new principal offices address, if applicable:			17.	Ž	
(Principal office address MUST BE A STREET AD)	DRESS)		2:	S	1
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Enter new mailing address, if applicable:			,		
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(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	· · · · · · · · · · · · · · · · · · ·		<u>دي</u>	
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B. If amending the registered agent and/or reg registered agent and/or the new registered office a		n our records, <u>enter</u>	the nan	ie of (	the new
Name of New Registered Agent:					
New Registered Office Address:			****		
	Enter Florida street address				
	, Florida	, Florida			
	City		Zip (	Code	
Now Desistand Ament's Cianature of showing Desista	and Amonts				

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 **Title Address Type of Action** <u>Name</u> MGR \_□□\_dd □□emove emove 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

William K. GUSS

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00