L11000049088

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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OCT 1 0 2014 T. BROWN

COVER LETTER

TO: Registration Se Division of Cor	ction porations		
SUBJECT:	Conservative	Electric LLC	<u>.</u>
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Car Car	Ssandra Kuh	more
		Name of Person	
	Conser	vertice Tlech	ne
		Firm/Company	
	95/0 Re	y lawerd	
		Address	
	Growlen	City/State and Zip Code Code	
	OValasi	City/State and Zip Code	
	E-mail address: (6	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ea	ail:	
Cassano	bre Kruharske	at (352) 7,89	Siz-L Telephone Number
Name o	i i cison	Area Code Daytine	reseptione (value)
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate 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



September 11, 2014

CASSANDRA KUHARSKE 9510 BAY LAKE ROAD GROVELAND, FL 34736

SUBJECT: CONSERVATIVE ELECTRIC LLC

Ref. Number: L11000049088

We have received your document for CONSERVATIVE ELECTRIC LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITES LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Letter Number: 814A00019484

Teresa Brown Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT

14007 9 PM 2:25 ARTICLES OF ORGANIZATION Conservative Fleeting

(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	· · · · · · · · · · · · · · · · · · ·
Florida document number <u>L11000049088</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and end with the words "Limited L	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 registered agent and/or the new registered office address h	office address on our records, enter the name of the never:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida

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 vith and accept the obligations of my position as registered agent as provided for in Chapter 605, 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.

City

If Changing Registered Agent, Signature of New Registered Avent

Zip Coc 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of eac 1 Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title Name** <u>Address</u> Type of Action MGR Alfredo Macarena 617 Park Rd MAdd Mascotte, FL 34753 - Remove bb∧ □ _____ □ Fumove _□ ∧ Jd ☐ R ·move ☐ Re nove ____ _ _ _ _ _ _ _ _ _ _ Acd ☐ R∈nove _____ **___ __ __ __ _ _**

Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or tiled date the date this document is filed by the Florida Department of State)	(optional) and cannot be more than 90 days after
Dated October 1, 2014.	
Dated October 1 , 2014. Signature of a member or authorized re	

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Filing Fee: \$25.00