

L11000066228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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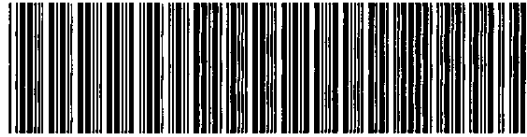
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPSON

AUG - 8 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RENEWABLE ENERGY MARKETING TECHNOLOGIES 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:

CHARLIE VITAIE
Name of Person

RENEWABLE ENERGY MARKETING TECHNOLOGIES LLC.
Firm/Company

36472 U.S. Hwy 19. N.
Address

PALM HARBOR, FL. 34698
City/State and Zip Code

CHARLIE NWFLA @ AOL. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLIE VITAIE at 727 871-1797
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG -8 PM 1:57

RENEWABLE ENERGY MARKETING TECHNOLOGIES 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 06/07/2011 and assigned
Florida document number L11000066228.

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)

36472 U.S. Hwy 19 N.
PALM HARBOR, FL. 34684

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

36472 U.S. Hwy 19 N.
PALM HARBOR, FL. 34684

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: DIANE LONGENECKER

New Registered Office Address: 36472 U.S. Hwy 19 N.

Enter Florida street address

Palm Harbor, Florida 34684
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.

Diane Longenecker
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:

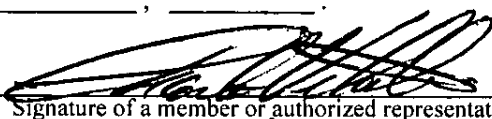
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALYCE ECHARD	36472 U.S. Hwy 19 N. PALM HARBOR, FL 34684	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DIANE LOOSENECKER	36472 U.S. Hwy 19 N. PALM HARBOR FL 34684	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
ASS MGR	ALEXANDRA CAMPOS MAGIAS	36472 U.S. Hwy 19 N. PALM HARBOR FL 34684	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____,



Signature of a member or authorized representative of a member

CHARLIE VITALE

Typed or printed name of signee

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