08840 Florida Department of State

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(((H110001974323)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: MORAN, KIDD, LYONS, JOHNSON & BERKEON, P.A. Account Name

Account Number : I2000000003 : (407)841-4141 Fax Number : (407)841-4148

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	!		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ENERGY GROUP OF CENTRAL FLORIDA II. LLC

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Corporate Filing Menu

HEHA I BUR



((H11000197432 3)	COVER LETTER
TO: Registration Sec Division of Corp	
SUBJECT: EN	ERGY GROUP OF CENTRAL FLORIDA II, LLC
	Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing,
Please return all correspon	ndence concerning this matter to the following:
	THOMAS P. MORAN
	Name of Person
	MORAN KIDD LYONS JOHNSON & BERKSON, P.A.
	Firm/Company
	111 N. ORANGE AVENUE, SUITE 1200
	Address
	ORLANDO, FLORIDA 32801
	City/State and Zip Code
	TPMORAN@MORANKIDD.COM
	E-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
THOM	AS P. MORAN at (407) 841-4141 Person Area Code & Daytime Telephone Number
The second secon	Person Area Code & Daytime Telephone Number

\$55,00 Filing Fee & Certified Copy

(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314

\$30.00 Filing Fee & Certificate of Status

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

\$60.00 Filing Fee, Certificate of Status &

(additional copy is enclosed)

Certified Copy

2661 Executive Center Circle Tallahassee, FL 32301

(((H11000197432 3)))

✓ \$25.00 Filing Fee



August 8, 2011

FLORIDA DEPARTMENT OF STATE

MORAN, KIDD, LYONS, JOHNSON & BERKSON, P.A.

SUBJECT: ENERGY GROUP OF CENTRAL FLORIDA II, LLC

REF: L11000088404

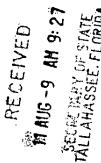
We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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) 245-6043.

Joey Bryan Regulatory Specialist II FAX Aud. #: H11000197432 Letter Number: 511A00018512



Aug. 9. 2011 9:22AM Moran & Shams

No. 6333 P. 4/5 FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

(((H11000197432 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11 AUG -9 AM 7:81

ENERGY GROUP OF (Name of the Limited Liability (A Florida Li	F CENTRAL FLOR Company as it now appears mited Liability Company)	IDA II, LLC on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number L11000088404		UGUST 1, 2011 and assigned	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limit	ed liability company here	:	
The new name must be distinguishable and end with the word "L,L,C,"			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address to the new registered of the new registered office address to the new registered o	ered office address on or ess here:	er records, enter the name of the new	
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a the provisions of all statutes relative to the proper and accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	d complete performance o ent as provided for in Che	f my duties, and I am familiar with and apter 608, F.S. Or, if this document is	
(((H11000197432 3)))	If Changing Registered Agent, Signature of New Resistand Agent		

MGR = Manager MGRM = Managing Member

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARK A. KEENAN	500 PICKFORD POINT LONGWOOD, FLORIDA	Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary	SECRETARY OF SIVISION OF CORP
Dated		2011 ber or authorized representative of a member	STATE ORATIONS 7: \$1
(((#110001)	T	HOMAS P. MORAN ed or printed name of signee	
		Daga 2 of 2	

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Filing Fee: \$25.00