

# L11000088404

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : MORAN, KIDD, LYONS, JOHNSON & BERKSON, P.A.  
Account Number : I20000000003  
Phone : (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**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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11 AUG -9 AM 7:31  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON

Electronic Filing Menu

Corporate Filing Menu

AUG 11 2011

EXAMINER

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ENERGY GROUP OF CENTRAL FLORIDA II, 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:

**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 concerning this matter, please call:

**THOMAS P. MORAN**

Name of Person

at ( 407 )

**841-4141**

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

((H11000197432 3))



August 8, 2011

FLORIDA DEPARTMENT OF STATE

MORAN, KIDD, LYONS, JOHNSON & BERKSON, P.A.  
Division of Corporations

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

RECEIVED  
AUG -9 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

11 AUG -9 AM 7:31

ENERGY GROUP OF CENTRAL FLORIDA II, 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 AUGUST 1, 2011 and assigned  
Florida document number L11000088404.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida street address

City, Florida 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.*

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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>
MGR	MARK A. KEENAN	500 PICKFORD POINT LONGWOOD, FLORIDA	<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
			<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 AUGUST 4, 2011

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\_\_\_\_\_  
Signature of a member or authorized representative of a member

THOMAS P. MORAN

\_\_\_\_\_  
Typed or printed name of signee

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DIVISION OF CORPORATIONS