

L 11000143947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

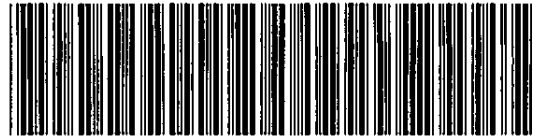
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800255133288

01/06/14--01013--014 **30.00

FILED

2014 JAN -6 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN 13 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Central Florida Electric of Polk County, 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:

Keith H. Wadsworth

Name of Person

Peterson & Myers, P.A.

Firm/Company

100 W. Stuart Ave.

Address

Lake Wales, FL 33853

City/State and Zip Code

kwadsworth@petersonmyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith H. Wadsworth / Mary Roberts

Name of Person

at (863)

Area Code

676-7611

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
2014 JAN -6 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Central Florida Electric of Polk County, 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 Dec. 22, 2011 and assigned
Florida document number L11000143947.

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)

122 E. Crystal Ave.

Lake Wales, FL 33853

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

122 E. Crystal Ave.

Lake Wales, FL 33853

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: Joseph E. Gill

New Registered Office Address: 122 E. Crystal Ave.

Enter Florida street address

Lake Wales, Florida 33853

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 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.

Joseph E. Gill
(Signature)
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

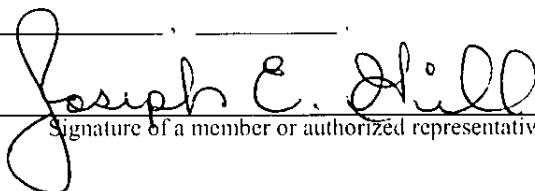
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member/ Manager	Joseph E. Gill	122 E. Crystal Ave.	<input checked="" type="checkbox"/> Add
		Lake Wales, FL 33853	<input type="checkbox"/> Remove
Member/ Manager	Jade E. Gill	122 E. Crystal Ave.	<input checked="" type="checkbox"/> Add
		Lake Wales, FL 33853	<input type="checkbox"/> Remove
Member/ Manager	Robert A. Jones	1305 Hollister Rd.	<input type="checkbox"/> Add
		Babson Park, FL 33827	<input checked="" type="checkbox"/> Remove
Member/ Manager	Patricia K. Jones	1305 Hollister Rd.	<input type="checkbox"/> Add
		Babson Park, FL 33827	<input checked="" 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.)*

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated _____



Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00