## 12000001032

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T. CLINE
DEC - 4 2012
EXAMINER



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ABC ENERGY CONSULTANT 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:
RENE BRASHOUT Name of Person
ABC ENERGY CONSULTANT LLC Firm/Company
10300 49TH STREET N, STE 200
CLEARWATER, FL 33762  City/State and Zip Code  R. BRASHOUT. AACR GMAD. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
REVE BRASHOUT at 777 5071  Name of Person at 727 771 5071  Area Code & Daytime Telephone Number
Englosed is a check for the following amount:
\$25.00 Filing Fee U\$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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

## ABC ENERGY CONSULTANT LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Assistance Commission for this Limited Linkilla, Comm	01/03/2012	and environd		
ne Articles of Organization for this Limited Liability Company were filed on 01/03/2012 and assigned orida document number L12000001032				
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 "L.L.C."	Limited Liability Company," the desig	nation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		gradient gestellt		
(Principal office address MUST BE A STREET ADDRESS		Part State S		
		THE THE PARTY OF T		
		67 L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	25 N		
		- E		
		4/		
B. If amending the registered agent and/or registered		enter the name of the new		
registered agent and/or the new registered office address	<u>here</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida si	treet addres's		
	, Flo	orida Zip Code		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Ag	<u>rent:</u>			
I hereby accept the appointment as registered agent and	Lagrag to get in this canacity I for	rthar acree to comply with		
the provisions of all statutes relative to the proper and c	• •	<del>-</del>		

If Changing Registered Agent, Signature of New Registered Agent

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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u> MGMR	Name BRASHOLT, RENE	Address 2021 SCOTLAND DR	Type of Action
	DIO (OI IOLI, INLINE		
		CLEARWATER FL 3376	Remove
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			Remove

. If amending any other in	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
<u>.</u>	
<b>-</b>	
ated 11/28	2012
	Signature of a member or authorized representative of a member
RENE BR	ASHOLT
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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