1/2000/29828

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11/19/12--01012--017 **25.00

COVER LETTER

	Division of Corporations	ladison Energy Group, LLC		
	SUBJECT: CTOIAMAN Na	ame of Limited Liability Company		
			•	
	The enclosed Articles of Amendment and fe	ee(s) are submitted for filing.		
	Please return all correspondence concerning	this matter to the following:	T.	
	Jas	on Varrichio Name of Person		
			2012 K	
	537	n Madison Energy Group LLC Firm/Company 9 Lyons Rd. Suite 430 Address	SECRETARY O	
		City/State and Zip Code Coldman Madison. Com Compail address: (to be used for future annual report notification)	PH 4: 42	Ö
•	Jasor E-m	n @ Goldman Madison. Com pail address: (to be used for future annual report notification)		
,	For further information concerning this mat	tter, please call:		
	Jason Varnichio Name of Person	at (954) C/G - 9889 Area Code & Daytime Telephone Number		
•				•
	Enclosed is a check for the following amou	int:		
	\$25.00 Filing Fee \$30.00 Filing Certificate	of Status Certified Copy Certificate of (additional copy is enclosed) Certified Co	of Status &	۱.
	MAILING ADDRESS:	STREET/COURIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company of it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 10/11/20/2 and assigned
Florida document number <u>L / 2000 / 29 8/2 8</u>
Tronda document number 272 11
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: 5379 Lyons Rd. Suite 430 (Principal office address MUST BE A STREET ADDRESS) Coconut Creek FL. 33073
(Principal office address MUST BE A STREET ADDRESS) Coconut Creek FL. 33073
Enter new mailing address, if applicable: 5379 Lyons Rd. Suite 430
Enter new mailing address, if applicable: 53/9 Lyons Rd. Suite 430 (Mailing address MAY BE A POST OFFICE BOX) Coconnt Creek FL. 33073
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: Jaron Varnehio
Name of New Registered Agent: Jaron Varnichio New Registered Office Address: 5379 Lyons Rd. Suite 430 Enter Florida street address
Enter Florida street address
Coconut Creek , Florida 33073 City , Florida Zip Code
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.

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> **Address** Type of Action ⊠ Add □ Remove ☐ Add ■ Remove ☐ Add ☐ Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated November Signature of a member or authorized representative of a member Jason Varichio
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00