# 113000081654

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	<u></u> . <u>.</u>	

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# **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: IEner	gy Plus LLC			
SUBJECT:		ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	Pavan Pedir	edla		
		Name of Person		
		Firm/Company	<del></del>	
	9907 Tree T	ops Lake Road		
		Address		
	Tampa FL 3	3626		2014 JUN - 2
		City/State and Zip Code		
	iEnergyplus@gma	il.com o be used for future annual report notificati		-2 [
		•	ion)	THE P
	oncerning this matter, please ca		_	HI.
Pavan Pedi	redla	at (813, 504000)	2	多点 50
Name of	Person	Area Code Daytime Tel	lephone Number	
•				
Enclosed is a check for th	e 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 For Certificate of S Certified Copy (additional copy is	Status &

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

lEnergy plus LLC			
(Name of the Limited) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabi	ility Company were filed on June 5 2013	_ and assigne	d
Florida document number L13000081654			
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name and he distinguishable and add with the	ds "Limited Liability Company," the designation "LLC" or the abb		
The new name must be distinguishable and end with the wor	ds Limited Liability Company, the designation "LLC or the abbi	reviation "L.L.C	
Enter new principal offices address, if applicabl	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
		_ <del></del>	
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
	registered office address on our records, enter th		he new
registered agent and/or the new registered offic	<u>e address here</u> :		ਵਟਵਾਹ-ਖ਼ [
			E-Millers an
Name of New Registered Agent:		15 to 15	2 34 25 k
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address	<u> </u>	
	F1 - 11	善 :5	Tengar V
-	, 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 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.

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 **Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> Pavan Pediredla Pavan Pediredla MRM **■** Add 9907 Tree Tops Lake Road Tampa FL 33626

ective date, if other than the date of IIII.  effective date must be specific, cannot be prior to a  date this document is filed by the Florida Departm	ng: (optional) date of receipt or filed date and cannot be more than 90 days after nent of State)
date this document is filed by the Florida Departm	date of receipt or filed date and cannot be more than 90 days after nent of State)  2014
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Page 3 of 3

Filing Fee: \$25.00

