

L13000081654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TAMPA, FLORIDA

2014 JUN -2 AM 11:50

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JUN 09 2014

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **IEnergy Plus 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:

Pavan Pediredla

Name of Person

Firm/Company

9907 Tree Tops Lake Road

Address

Tampa FL 33626

City/State and Zip Code

iEnergyplus@gmail.com

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

For further information concerning this matter, please call:

Pavan Pediredla

Name of Person

at **813 5040002**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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Energy plus LLC

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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> |
|--------------|-----------------|--------------------------|---|
| MRM | Pavan Pediredla | Pavan Pediredla | <input checked="" type="checkbox"/> Add |
| | | 9907 Tree Tops Lake Road | <input type="checkbox"/> Remove |
| | | Tampa FL 33626 | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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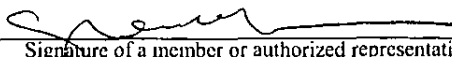
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 29, 2014



Signature of a member or authorized representative of a member

Srinivas Maddali

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA