L13000106464

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phono	e #)
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B. BOSTICK

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EX TONER

COVER LETTER

TO: Registration Section Division of Corpora		,		
SUBJECT: Sweetw	ater CK			
Sobsect.	Name of Lim	ited Liability Company		
The enclosed Articles of Ame	ndment and fee(s) are sub-	mitted for filing.		
Please return all corresponden	ce concerning this matter	to the following:		
Ç	Srinivas Mad	ddali		
_		Name of Person		
_		Firm/Company	-	
Ç	9907 Tree T	ops Lake Road		
_		Address	 -	
-	Гатра FL 3	3626		
-		City/State and Zip Code		
iE —	nergyplus@gma			120
		to be used for future annual report notific	cation)	: 1
For further information concer	ning this matter, please ca	ail:		23 e. Na
Srinivas Mado	dali	_{at} 813 504000		
Name of Pers	on	Area Code Daytime	Telephone Number	
Parkened in a 1 1 5 of 62				
Enclosed is a check for the fol	_			
□ \$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of 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

Sweetwater CK LLC

(Name of the Limited	l Liability Company as it now appears of Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Lia Florida document number L13000106464	bility Company were filed on 07/	29/2013 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of	the limited liability company her	:
The new name must be distinguishable and end with the we Enter new principal offices address, if applica (Principal office address MUST BE A STREET)	ble:	signation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>	777 778
B. If amending the registered agent and/o registered agent and/or the new registered offi		our records, enter the name of the new
Name of New Registered Agent:	Srinivas Maddali	Carlotte Company
New Registered Office Address:	9907 Tree Tops Lake R	load a street address
	Tampa	Florida 33626 Zip Code
New Registered Agent's Signature, if changing Ro	egistered 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Pavan Pediredla	9907 Tree Tops Lake Road	
		Tampa FL 33626	■ Remove
			. □ Remove
٠			Remove
			☐ Add
		-	☐ Remove
		····	□ Remove
			□ Add
			Remove

Effective The effectiv	date, if other than the date of filing: asap (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	s document is filed by the Florida Department of State)
the date this	3 16 2014.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00