

L14000101708

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(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
DEC -2 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 DEC -2 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 19, 2015

MNV ENERGY PINES LLC  
ANDRE LAURENTYS  
4600 CORAL RIDGE DR  
CORAL SPRINGS, FL 33076

SUBJECT: MNV ENERGY PINES LLC  
Ref. Number: L14000101708

We have received your document for MNV ENERGY PINES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is a complete document for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 515A00024499

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MNV ENERGY PINES 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:

ANDRE LAURENTYS

\_\_\_\_\_  
Name of Person

MNV ENERGY PINES, LLC

\_\_\_\_\_  
Firm/Company

4600 Coral Ridge Drive

\_\_\_\_\_  
Address

CORAL SPRINGS, FL. 33076

\_\_\_\_\_  
City/State and Zip Code

drice@jclbusinessaccounting.com

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

For further information concerning this matter, please call:

DAWN RICE

954 753-1062  
at ( )

\_\_\_\_\_  
Name of Person

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

MNV ENERGY PINES, LLC

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

**FILED**  
2015 DEC -2 PM 5:29

CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/25/2014 and assigned  
Florida document number L14000101708.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4600 CORAL RIDGE DRIVE

**(Principal office address MUST BE A STREET ADDRESS)**

CORAL SPRINGS, FL. 33076

Enter new mailing address, if applicable:

4600 CORAL RIDGE DRIVE

**(Mailing address MAY BE A POST OFFICE BOX)**

CORAL SPRINGS, FL. 33076

**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:

ANDRE LAURENTYS

New Registered Office Address:

4600 CORAL RIDGE DRIVE

*Enter Florida street address*

CORAL SPRINGS

Florida 33076

*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 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

# JCL BUSINESS ACCOUNTING SOLUTIONS

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2015 DEC  
U.S. DEPT. OF STATE  
FALL ANNUAL REPORT

FILED  
DEC-2 1964  
U.S. DEPT. OF JUSTICE  
FBI - ALABAMA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signer