

Division of Corporations

Page 1 of 1

L14000102956

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : JOHN M WICKER PA
Account Number : I20070000104
Phone : (239) 939-2222
Fax Number : (239) 939-2280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mwicker@lawickw.com

RECEIVED

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DIVISION OF CORPORATIONS
STATE OF FLORIDA
TALLAHASSEE, FL 32304

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOTAL RETURN ENERGY SOLUTIONS LLC

Certificate of Status	0
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S. YOUNG

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Corporate Filing Menu

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1414000275697 3
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TOTAL RETURN ENERGY SOLUTIONS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/27/2014 and assigned
Florida document number L14000102956

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:

(Principal office address MUST BE A STREET ADDRESS)

2410 ACADEMY BLVD

CAPE CORAL, FL 33980

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2410 ACADEMY BLVD

CAPE CORAL, FL 33980

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:

JOHN M. WICKER

New Registered Office Address:

12670 NEW BRITTANY BLVD, SUITE 101

Enter Florida street address

FORT MYERS

Florida 33907

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

Page 1 of 3

1414000275697 3

414 000 275 697 2
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>
MGR	STEVEN R. STAFFORD		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
AMBR	SUSAN M. MCFARLAND		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *#14000275697 3* (Attach additional sheets, if necessary.)

NOT APPLICABLE

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 *NOVEMBER 29*, 2014


Signature of a member or authorized representative of a member

JOHN M. WICKER, authorized representative of a member

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
14 DEC -1 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1414000275697 3