

L14000174924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

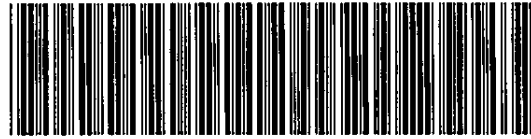
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

WIS - 33456  
NASH

Office Use Only



200257463872

08/11/15--01036--003 \*\*25.00

FILED  
15 JUN -8 PM 2:42  
MILWAUKEE, WI

M. MILLIGAN  
EXAMINER

JUN 11 2015

M. MILLIGAN  
EXAMINER

JUN 11 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 12, 2015

MNV ENERGY CAROLINAS LLC  
18851 NE 29TH AVE., STE. 722  
AVENTURA, FL 33180

SUBJECT: MNV ENERGY CAROLINAS LLC  
Ref. Number: L14000174924

We have received your document for MNV ENERGY CAROLINAS LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Michelle Milligan  
Senior Section Administrator

Letter Number: 615A00009893'

RECEIVED  
15 JUN -8 PH 3: 03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

STATE OF FLORIDA  
BUREAU OF CORPORATE  
REGISTRATION  
INFORMATION SERVICES

15 MAY -5 AM 10:00

RECEIVED

**SUBJECT: MNV ENERGY CAROLINAS 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:

**SERGIO R. LOPES DELMICO**  
Name of Person  
**MNV ENERGY CAROLINAS LLC**  
Firm/Company  
**18851 NE 29TH AVE, SUITE 722**  
Address  
**AVENTURA, FL 33180**  
City/State and Zip Code  
**CAROLINA@SAFETYTAX.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**SERGIO R LOPES DELMICO** at **954** **2928527**  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
JUN -8 PM 2:14  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
STATE OF FLORIDA

**MNV ENERGY CAROLINAS 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 11/12/2014 and assigned Florida document number L14000174924.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**MNV ENERGY CHAPEL LLC**

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:**

18401 PINES BOULEVARD

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

PEMBROKE PINES, FL 33029

**Enter new mailing address, if applicable:**

18851 NE 29TH AVE, SUITE 722

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

AVENTURA, FL 33180

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, **Florida** \_\_\_\_\_

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**

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

FILED  
JUL - 8 PM 2:42  
CLERK OF SUPERIOR COURT  
STATE OF ALABAMA

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 APRIL, 22, 2015



Signature of a member or authorized representative of a member

SERGIO R LOPES DELMICO

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

FILED  
15 JUN -8 PM 2:48  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA