

215000060028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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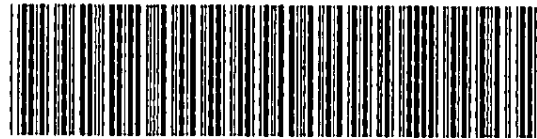
(Business Entity Name)

(Document Number)

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2019 JAN 17 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FL

R WHITE

JAN 28 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CER ENERGY COINVEST 2015, L.L.C.

\_\_\_\_\_  
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:

JEFFREY R. SHAFFER

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

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

181 W. STOVIN AVE

\_\_\_\_\_  
Address

WINTER PARK, FL 32789

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

JEFFRSHAFFER@GMAIL.COM

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

For further information concerning this matter, please call:

JEFFREY R. SHAFFER

407 625-0444  
at ( )

\_\_\_\_\_  
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**

2019 JAN 17 PM 2:58

CER ENERGY COINVEST 2015, LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on APRIL 6, 2015 and assigned  
Florida document number 115000060028.

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:

7315 PALMETTO SPRINGS TRAIL

(Principal office address MUST BE A STREET ADDRESS)

KATY, TX 77493

Enter new mailing address, if applicable:

7315 PALMETTO SPRINGS TRAIL

(Mailing address MAY BE A POST OFFICE BOX)

KATY, TX 77493

**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:

JEFFREY R. SHAFER

New Registered Office Address:

181 W. STOVIN AVE

*Enter Florida street address*

WINTER PARK

*City*

Florida 32789

*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 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>
MGR	CNL INVESTMENT MANAGER, LLC		<input type="checkbox"/> Add
		450 SO. ORANGE AVENUE ORLANDO, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JEFFREY R. SHAFER	181 W. STOVIN AVE WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change


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(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)

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

MEMBER 11

2018



Signature of a member or authorized representative of a member

JEFFREY R. SHAFER, AUTHORIZED MEMBER

Typed or printed name of signee