

L160000136580

(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

OCT 19 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CORRECT SPELLING OF COMPANY NAME

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:

Gary Cicero

Name of Person

CEP REWEWABLES LLC

Firm/Company

13515 SW 75 CT

Address

Miami, Florida 33156

City/State and Zip Code

GARYRCICERO@GMAIL.COM

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

For further information concerning this matter, please call:

Gary Cicero

786 626-6606
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**

CEP REWEWABLES 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 July 20, 2016 and assigned
Florida document number L16000136580.

This amendment is submitted to amend the following:

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

CEP RENEWABLES LLC

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: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

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Remove
Change
Add
Remove

—
—
—
—
—

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

CONNECT SPELLING OF COMPANY
NAME TO: CEP RENEWABLES LLC
FROM: CEP RENEWABLES LLC

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated October 4, 2017

Signature of a member or authorized representative of a member

GARY CICERO

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA