

L17000135310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

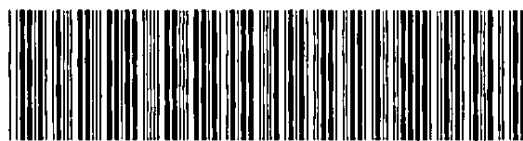
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

sign

Office Use Only



800300839118

06/30/17 - 06/30/17 11:07 AM

17 JUL 10 AM 7:07
OFFICE OF THE CLERK
OF THE SUPREME COURT
OF THE STATE OF TEXAS

JUL 12 2017

J. S. RIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2017

RENUME ENERGY, LLC
5002 SHADYGLEN DRIVE
LAKELAND, FL 33810

SUBJECT: RENUME ENERGY, LLC
Ref. Number: L17000135310

We have received your document for RENUME ENERGY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 517A00013711

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Renume Energy, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Renume Energy, LLC
Firm/Company

5002 Shadyglen Drive
Address

Lakeland, Florida 33810
City/State and Zip Code

delossing.rnm@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

De Lossing at (863) 409-1001
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**

RenewMe Energy, 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 June 21, 2017 and assigned Florida document number L17000135310.

This amendment is submitted to amend the following:

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

ReNewMe Energy, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC," or the abbreviation "LLC."

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:

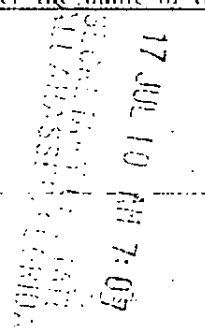
Name of New Registered Agent

New Registered Office Address

(Enter Florida street address)

Florida

City



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. One of this document is being filed to merely reflect a change in the registered office address. I hereby confirm that my 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>
Mr.	David J. Elwood	5002 Shadyglen Drive	<input checked="" type="checkbox"/> Add
		Lakeland, Florida 33810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please distribute membership as follows:

Donald W Lossing @ 26%

DeAnn B Lossing @ 26%

Zachary I. Bianchi @ 20%

David J Elwood @ 16%

Jason R Minser @ 12%

17 JUL 10 AM 7:07
STATE OF FLORIDA
FALL WINTER COUNTY

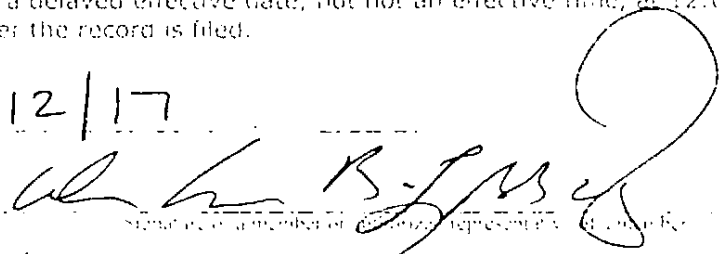
E. Effective date, if other than the date of filing: 6/21/17 (optional)

(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. This record is filed 02/27/18)

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

Dated 7/12/17



DeAnn B. Lossing
Type or printed name of officer