

M12000001897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

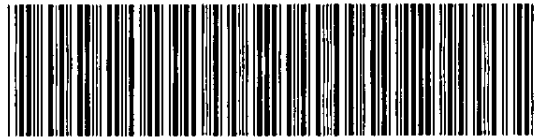
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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400283875594

RECEIVED
MAR 29 AM 11:11
TO ADOPTED
SUFFICIENCY OF FILING

FILED
MAR 29 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 30 2016
J. HARRIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 075969 7459837

AUTHORIZATION

[Signature]

COST LIMIT : \$ 25.00

ORDER DATE : March 24, 2016

ORDER TIME : 8:50 AM

ORDER NO. : 075969-070

CUSTOMER NO: 7459837

FOREIGN FILINGS

NAME: IBERDROLA RENEWABLES, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Iberdrola Renewables, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M12000001897

3. Jurisdiction of its organization: Oregon

4. Date authorized to do business in Florida: 4/4/2012

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Avangrid Renewables, LLC
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</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 type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

W. Benjamin Lackey

Typed or printed name of signee

Filing Fee: \$25.00

FILED
16 MAR 29 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certified Copy 823F521F4

I, JEANNE P. ATKINS, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

That the attached

Copy of the

Articles of

Amendment

for

AVANGRID RENEWABLES, LLC

is a true copy of the original document(s).

*In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.*



Jeanne P. Atkins

JEANNE P. ATKINS, SECRETARY OF STATE

3/24/2016

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 161 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> - Phone: (503) 986-2200

- ☒ ARTICLES OF AMENDMENT (Complete only 1, 2, 3, 6)
☐ ARTICLES OF DISSOLUTION (Complete 4, 5, 6)

FILED

FEB 18 2016

OREGON
SECRETARY OF STATE

For office use only

REGISTRY NUMBER: 448526-89

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.
Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

ARTICLES OF AMENDMENT ONLY

ENTITY NAME: Iberdrola Renewables, LLC

THE FOLLOWING AMENDMENT(S) TO THE ARTICLES OF ORGANIZATION IS MADE HEREBY: (State the article number(s) and set forth the article(s) as it is amended to read.)

Article 1

The name of the Limited Liability Company (the "Company") is Avangrid Renewables, LLC

PLEASE CHECK THE APPROPRIATE STATEMENT:

- ☐ This amendment was adopted by the manager(s) without member action. Member action was not required.
Date of adoption of each amendment: _____
- ☒ This amendment(s) was approved by the members. 100 percent of the members approved the amendment(s).
Date of adoption of each amendment: February 12, 2016

ARTICLES OF DISSOLUTION ONLY

NAME OF LIMITED LIABILITY COMPANY: _____

DATE OF DISSOLUTION: _____

EXECUTION: By my signature, I declare as an authorized signer, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature: 

Printed Name: W. Benjamin Lackey

Title: Secretary

CONTACT NAME: (To resolve questions with this filing)

Maria Rojas

PHONE NUMBER: (include area code)

484-654-2138

AVANGRID RENEWABLES, LLC



44852689-16795369

AMDART