

M 17000002378

(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:

Office Use Only



800267721628

12/29/14--01019--021 \*\*25.00

FILED  
14 DEC 29 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J Shivers JAN 09 2015

December 22, 2014

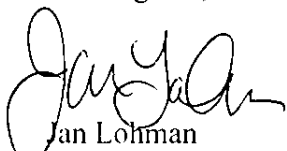
Division of Corporations  
Attn: Registration Section  
PO Box 6327  
Tallahassee, Florida 32314

**RE: Application by Foreign Limited Liability Company to file Amendment to Certificate of Authority to Transact Business in Florida for City Power & Gas, LLC**

Dear Sir/Madam:

Enclosed please find the original and one copy of the Application by Foreign Limited Liability Company to file Amendment to Certificate of Authority to Transact Business in Florida for City Power & Gas, LLC to be filed with your office. Also included is a check in the amount of twenty-five dollars (\$25.00) for all applicable fees. Please return a conformed copy of the Amendment in the self-addressed stamped envelope I have included. If you should have any questions or concerns, please contact our office at (480) 874-1313. Thank you for your assistance.

Best regards,

  
Jan Lohman  
Paralegal

JL  
Enclosures(4)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** City Power & Gas, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jan Lohman

Name of Person

Ribadeneira Law Offices, PC

Firm/Company

9590 E. Ironwood Square Drive, #105

Address

Scottsdale, Arizona 85258

City/State and Zip Code

jan@rlawoffices.com

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

For further information concerning this matter, please call:

Jan Lohman

Name of Person

at ( 480 ) 874-1313

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

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

**SECTION I (1-3 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: City Power & Gas, LLC
2. Jurisdiction of its organization: New York
3. Date authorized to do business in Florida: 4/12/2013

**SECTION II (4-7 complete only the applicable changes)**

4. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," 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," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: John Cooper, Manager, 10115 E. Bell Rd, Ste. 107-405 Scottsdale, AZ 85260, Dean Jardin, Manager

\_\_\_\_\_  
15455 Azra Dr., Odessa, FL 33556, Victor Ferreira, Manager, c/o Big Apple Energy, LLC 100 Crossways Park Drive W - Suite 405 Woodbury, NY 11797

7. Attached is an original 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.

John Cooper, Manager

\_\_\_\_\_  
Signature of the authorized representative

John Cooper  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

14 DEC 29 PM 12:13  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA