## L17000188808

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SECRETARY OF STATE TALLAHASSEE, FL

## **COVER LETTER**

•	istration Section ision of Corpora							
SUBJECT:	Green	Propane	Solution ited Liability Company	UC				
		Name of Lim	ited Liability Company					
The enclosed	Articles of Ame	ndment and fee(s) are sub	mitted for filing.					
Please return	all corresponden	ce concerning this matter	to the following:					
	~	Mariusa	Koper					
			Name of retson					
	_		Firm Company					
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	_	HOU EN	Address	·				
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	_	Jackeroun	City/State and Zip Code  EXT AUTOGAS. CO to be used for future annual report noti	8				
		$( \bigcirc \bigcirc$	EXT NITO(-M CC	√m				
	_	E-mail address: (	to be used for future annual report noti	fication)				
For further in	iformation conce	ning this matter, please ca	ılt:					
М	ARIUSZ		at (904) 666 Area Code Daytim	2555				
	Name of Pers	on	Area Code Daytim	e Telephone Number				
Enclosed is a	check for the fol	lowing amount:						
EJ \$25.00 F	ïling 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)				
<u>Mai</u>	ling Address:		Street Address:					
	gistration Sections		Registration Section					
	ision of Corpo ). Box 6327	нанонѕ	Division of Corporations The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

Green Prox	pane Solution	2022 HAR 21 PH 3: 24  On LLC  TOUBEGRETARY OF STATE  TALLAHASSEE, FL
(Name of the Limited Liap (A Flori	ility Company as it now appears or da Limited Liability Company)	TALL AHASSEE, FL
The Articles of Organization for this Limited Liability Florida document number <u>L170001888</u> C	Company were filed on	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line NEXT CAR  The new name must be distinguishable and contain the words "Line new name nust be distinguishable and contain the words "Line new name nust be distinguishable and contain the words "Line new name nust be distinguishable and contain the words "Line new name nust be distinguishable and contain the words "Line new name of the line new name of the	DEAIS II	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	**	
	<del></del>	
B. If amending the registered agent and/or register agent and/or the new registered office address here		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	City	Florida 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 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>	Address	Type of Action
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			□Remove
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Filing Fee: \$25.00