

10/17/2023 09:13:56 PGT  
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To: 18506176383

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From: Registered Agents Inc

Fax: 8134365206

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PETROSOUTH ENERGY LLC

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OCT 18 2023

# 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: PetroSouth Energy LLC

Enter new principal office address, if applicable: 300 Wilson Rd

(Principal office address  
MUST BE A STREET ADDRESS)

Bldg 300

Griffin GA 30224

Enter new mailing address, if applicable: PO Box 99

(Mailing address  
MAY BE A POST OFFICE BOX)

Griffin GA 30224

2. The Florida document number of this limited liability company is: M23000012766

3. Jurisdiction of its organization: \_\_\_\_\_

4. Date authorized to do business in Florida: \_\_\_\_\_

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

5. 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.")

6. 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

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)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Manager</u>	<u>Ashley Slaughter</u>	<u>300 Wilson Rd Bldg 300</u>	<input checked="" type="checkbox"/> Add
		<u>Griffin GA 30224</u>	<input type="checkbox"/> Remove
<u>Member</u>	<u>Lauren Jones</u>	<u>300 Wilson Rd Bldg 300</u>	<input checked="" type="checkbox"/> Add
		<u>Griffin GA 30224</u>	<input type="checkbox"/> Remove
<u>Member</u>	<u>Elizabeth Hargett</u>	<u>300 Wilson Rd Bldg 300</u>	<input checked="" type="checkbox"/> Add
		<u>Griffin GA 30224</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<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.

Robin Jones  
Signature of the authorized representative

Robin Jones

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

Filing Fee: \$25.00