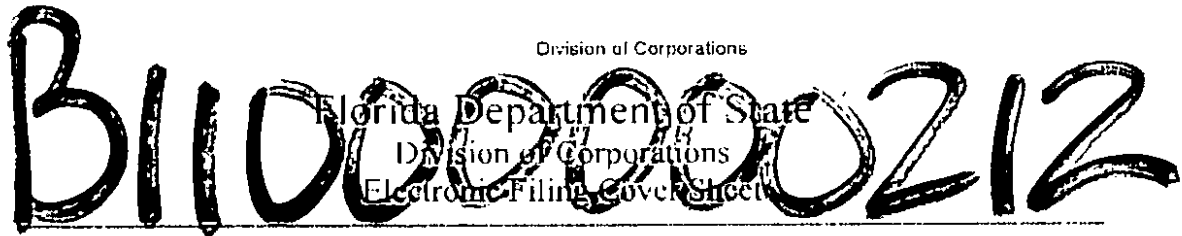


4/11/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000119933 3)))



H19000119933ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

2019 APR 11 AM 9:25
FILED
CLERK OF COURT
STATE

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

Email Address: _____

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
NRG FLORIDA LP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$105.00

Electronic Filing Menu

Corporate Filing Menu

Help

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

NRG Florida LP

2. The jurisdiction of its formation is: DELAWARE

3. The date the entity was authorized to transact business in Florida is: 11/07/2011

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

GenOn Florida, LP

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or LLLP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

GenOn Florida GP, LLC

1360 POST OAK BLVD., STE 2000
HOUSTON, TX 77056

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

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐

The entity elects to be a limited liability limited partnership.

☐

The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, 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.

10. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner: _____



Typed or printed name: _____

Daniel McDevitt, VP, for GP, GenOn Florida GP, LLC

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "NRG FLORIDA LP",
FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "GENON
FLORIDA, LP" ON THE EIGHTH DAY OF MARCH, A.D. 2019, AT 8:59
O'CLOCK A.M.



3602852 8320
SR# 20192749779

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202623367
Date: 04-11-19