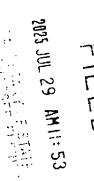
L010000 33678

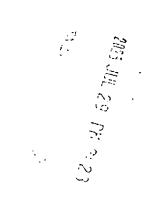
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400454757754





CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607

850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 07/29/25 Order #: 3964091-5

Re: Falconbridge Services, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

Tallahassee, FL 32314

	ion Section of Corporations			
	onbridge Services, LLC			
SUBJECT:	Name of Li	mited Liability Company		
The enclosed Artic	les of Amendment and fee(s) are su	abmitted for filing.		
Please return all co	rrespondence concerning this matte	er to the following:		
	Nicole Parker			
		Name of Person		
	Falconbridge Services, L	l.C		
		Firm/Company		
	5011 Gate Parkway, Buil	5011 Gate Parkway, Building 100, Suite 100		
		Address		
	Jacksonville, FL 32256			
		City/State and Zip Code		
	legal@aprenergy.com	(to be used for future annual report no		
For further informa	rion concerning this matter, please	•	meaton)	
Nicole Parker		404 709-6328		
N	Jame of Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check	c for the following amount:			
□ \$25.00 Filing F	Fee \$\Bigcip \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Centified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing A		Street Address:		
_	tion Section of Corporations	Registration Se Division of Co		
P.O. Box		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Docusign Envelope ID: 8A56221A-3CF1-439B-B4BD-3B908E5FD378

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 JUL 29 AM 11: 53

Falconbridge Services, LLC

E ANY ESTATE

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/29/2007}{1}$ and assigned Florida document number ____L07000033678 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Gate Parkway Office Center, 5011 Gate Parkway Enter new principal offices address, if applicable: Bldg 100, Suite 100 (Principal office address MUST BE A STREET ADDRESS) Jacksonville, FL 32256 Gate Parkway Office Center, 5011 Gate Parkway Enter new mailing address, if applicable: Bldg 100, Suite 100 (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, FL 32256 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered

B. 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:

	City	Zip Code
	,1	Florida
New Registered Office Address:	Enter Florida street addi	ress
Name of New Registered Agent:		

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.

Docusign Envelope ID: 8A56221A-3CF1-439B-B4BD-3B90BE5FD378 in amending Authorized rerson(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
Member	Peter Li	Gate Parkway Office Center, 5011 Gate Parkway	□Add
		Bldg 100, Suite 100	□Remove
		Jacksonville, FL 32256	Clunge
<u>_</u>			□Add
			□Remove
			□ Change
			□ Add
			□ Renюve
			□Change
			□ Add
			□Remove
			□Clunge
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	<u>~</u>
	2925 JUL 29
-	N N
	- 100 mg
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Note:	ive date, if other than the date of filing:
the recordis fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Signed by: E5836B50373B41D
	Signature of a member or authorized representative of a member
	Peter Li

AMEND-463582

Filing Fee: \$25.00