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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: United Renewable Resources 11C  Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	SECK
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:	97
Edward Dunphy Name of Person  F.	CORPORA
Hurted Kenewable Resources LLC Firm/Company	TIES S
1917 Isla De Polma Circle	
Naples / Flanda 34/19  City/State and Zip Code  Edward o Junphy o USa Og wail o Call  F-mail address (to be used for prime annual report notification)	
E-mail address (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Edward Dunphy at (239) 324-9838  Name of Person Area Code & Daytime Telephone Number	
Authorities of the state of the	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ S30.00 Filing Fee &	)

### MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314

### STREET/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blavatek 110			Sacro
Blavatek LLC (Name of the Limited Liability (A Florida Li	Company as it now appears mited Liability Company)	on our records.)	THE ORIGINAL STREET
The Articles of Organization for this Limited Liability Co Florida document number	mpany were filed on 6	/15/24/0	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here	:	
United Renewable Ressur	ces LLC		
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Compan	y." the designation "LLC	." or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
•	-45 (1) 4.4 (24)////////////////////////////////////		46 W. 11- V
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			÷
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		r records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter	r Florida street addres.	S
	CHY	, riorida	Zm 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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>tle</u>	<u>Name</u>	Address	Type of Action
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
lf amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necesso	uv)
			11 OCT -5
	ptember 21 . 20	0//	CORPORATION
	Edward	or authorized representative of a member	- F

Page 2 of 2

Fiting Fee: \$25.00