8/22/22, 11:19 AM

Division of Corporations



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Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

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

Email Address: documents@incorp.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SB ENERGY OPERATIONS, LLC

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Tallahassee, FL 32314

		•	COVER LETTER	<b>{</b>	H22000283840 3
	sistration Section ision of Corpora				
		SB ENERGY	OPERATIONS, LLC		
SUBJECT:		Name of Limi	ted Liability Company		<del></del>
The enclosed	i Articles of Ame	endment and fee(s) are sub	mitted for filing.		
Pleasë return	all corresponder	nce concerning this matter	to the following:		
			Patricia Reyes		
	•		Name of Person		-
			InCorp Services, Inc.		
	-		Firm/Company		
		3773 How	ard Hughes Pkwy., S	uite 500S	
	-		Address		
		Las	Vegas, NV 89169-60	014	
	-		City/State and Zip Code		<del></del>
			cuments@incorp.com		
		•	o be used for future annual r	eport notitication)	
For further in	nformation conce	rning this matter, please ce	dl:		
Patricia Re	eyes on behal	f of InCorp Services, In	nc. at 800-246-267	7 ext. 6806	,
_	Name of Per	son	Area Code	Daytime Telepho	one Number
Enclosed is a	a check for the fo	llowing amount:			
<b>■ \$</b> 25.00 F	Filing Fee C	330.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address: gistration Sect	ion	<u>Street Ad</u> Registra	dress: tion Section	
Div	vision of Corp		Division	of Corporatio	
P.C	). Box 6327		The Cen	tre of Tallahas	ssee

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SB ENERGY OPERATIONS, LLC  (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 04/10/2012  Florida document number L12000048686	and	d assig	;ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
ChargeFL Services, LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	e abbreviatio	տ "եե.	<u>C."</u>
Enter new principal offices address, if applicable:			<b>-</b>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address on our records, <u>enter the nagent and/or the new registered office address here:</u>	ame of the	2022 AU	registere:
Name of New Registered Agent:	- F	<u> </u>	
New Registered Office Address:	<u> </u>		_646
Enter Florida street address	$\mathbb{D}_{\infty}^{\infty}$	A	ם ער.
, Florida	<u> </u>		
New Registered Agent's Signature, if changing Registered Agent:	**'	9	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further	amen to a	namn l	o with the

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

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			Change
			🖸 Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Remove

Change

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fam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
-	
•	
-	
•	
ໂຄກ,⊂f <u>Vote:</u>	ive date, if other than the date of filing:  [cective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
recor Listi	ed 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.
ated	July 18, 2022
	Warren Houk Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Warren E Houk
	Typed or printed name of signes

Filing Fee: \$25.00

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