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(Red	questor's Name)	
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SECRETARY OF STATE
TALLAHASSEE, FATE

COVER LETTER

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P.O. Box 6327

Tallahassee, FL 32314

TO:

TO: Registration Division of	n Section Corporations		
C+ + + + + + + + + + + + + + + + + + +	eity LLC		
30bJr.C1	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Adam L Tucker		
	*	Name of Person	
	Intrepid Law PLLC	·	
		Firm/Company	·
	10752 Deerwood Park Blv	d Suite 100	
		Address	
	Jacksonville, Florida 3225	6	
		City/State and Zip Code	
	adam@intrepidlaw.com	to be used for future annual report noti	Guarian)
For further information	on concerning this matter, please c		neation)
Adam L Tucker	, , , , , , , , , , , , , , , , , , , ,	904 758-8888	
Nar	ne of Person	at ()	e Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	e 🗀 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	on Section	Street Address: Registration Se	
Division o	of Corporations	Division of Cor	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Compan	y as it now appears on our receability Company)	ords.)	-	
The Articles of Organization for this Limited Liab Florida document number £13000143876				assigned	
his amendment is submitted to amend the follow	ing:				
a. If amending name, enter the new name of th	he limited liabil	ity company here:			
he new name must be distinguishable and contain the word	ds "Limited Liabilit	y Company," the designation "L	LC" or the abbreviation	₹L.C."	
Inter new principal offices address, if applicab	le:	221 N. Hogan St. #333		- -	
Principal office address MUST BE A STREET.	ADDRESS)	Jacksonville, Florida 32202	PAR I		
	. =			e Energy	
				100	
nter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)					
			¬ · · · · · · · · · · · · · · · · · · ·		
. If amending the registered agent and/or registered office address l	istered office ad here:	ldress on our records, <u>ent</u> e	er the name of the n	iew regis	
Name of New Registered Agent:	Intrepid Law PLLC				
New Registered Office Address:	10752 Deerwood	Park Blvd Suite 100			
		Enter Florida street addi	ress		
	Jacksonville		Florida ³²²⁵⁶		
		City [.]	Zip Coa	l _e	

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

If amending Authorized Person(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
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			□Remove
			□Change
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			□Remove
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f an effective date	if other than the is listed, the date m	iust be specific an	d cannot be prior t	o date of filing o	r more than 90 da	(optional) ys after filing.) Pur	suant to 605	.0207 (
	te inserted in this ective date on the			ble statutory ti	ling requiremen	nts, this date will	not be liste	ed as ti
e record specific d is filed.	es a delayed effect	ive date, but no	t an effective tir	ne, at 12:01 a.i	n. on the carlier	of: (b) The 90	th day after	r the
	12th		2021					
Dated July								
Dated July	of the	Signature of a	member or autho	rized representat	ive of a member			

Filing Fee: \$25.00