

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fitz Energy Company LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicolas Cernjul

Name of Person

Fitz Energy

Firm/Company

18898 Schooner dr.

Address

Boca Raton, FL 33496

City/State and Zip Code

NICK@FITZENERGY.COM

E-mail address: (to be used for future annual report notification)

FILED
15 OCT -2 PM 5:14
SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Nicolas Cernjul

561 305-5101
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 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**

Fitz Energy Company 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 4/30/2014 and assigned
Florida document number L14000070183.

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 "L.L.C."

Enter new principal offices address, if applicable:

18898 Schooner dr.

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton, FL 33496

Enter new mailing address, if applicable:

18898 Schooner dr.

(Mailing address MAY BE A POST OFFICE BOX)

Boca Raton, FL 33496

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:

Name of New Registered Agent:

Nicolas Cernjul

New Registered Office Address:

18898 Schooner dr.

Enter Florida street address

Boca Raton

Florida

City

Zip Code

FILED
OCT - 2 PM 5:14
CLERK OF STATE
TALLAHASSEE, FL 32399

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>	<u>Address</u>	<u>Type of Action</u>
MGR	NICOLAS CERNJUL	18898 Schooner dr.	<input type="checkbox"/> Add
		Boca Raton, FL 33496	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JOHN WEAVER	111 N. 31st Ave	<input type="checkbox"/> Add
		Hollywood, FL 33021	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GIACOMO CERNJUL	9925 pinellas park rd	<input type="checkbox"/> Add
		Boca Raton, 33428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
MAY 1 - 2 PM '14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Ownership structure will change as follows:

Nicolas Cernjul will have 90% Ownership,

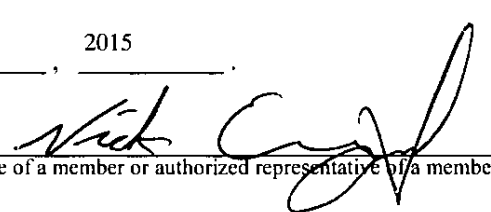
John Weaver will have 10% Ownership,

Giacomo Cernjul will have 0% Ownership,

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated September 22, 2015



Signature of a member or authorized representative of a member

Nicolas Cernjul

Typed or printed name of signee