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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

то:	Registration Sec Division of Corp			
CUDII	Zennergy L	rc		
SORYI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Michael M. Brock		
			Name of Person	
		Zennergy LLC		
			Firm/Company	
		3918 N Highland Ave		
			Address	
		Tampa, FL 33603		
			City/State and Zip Code	···
		mbrock@zennergyllc.com		
		E-mail address: (to be used for future annual report notif	fication)
For fur	ther information co	oncerning this matter, please ca	all:	
Micha	el Brock		813 906-2845 at ()	
	Name of	Person	Area Code Daytimo	e Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2.	5.00 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

Zennergy LLC		
(<u>Name of the Limited Liabilit</u> (A Florida)	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 9/17/2014	and assigned
Florida document number L14000145928	<u>_</u> :	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDRI	<u> </u>	
Enter new mailing address, if applicable:		ထ
(Mailing address MAY BE A POST OFFICE BOX)		₹ 9;
		72: 51H
		∞ <u>2</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address.		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	City	Zip 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 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
Mgr	Donald Cohagen III		
		3918 N Highland Ave, Tampa, FL	Remove
			☐ Change
			□ Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			Remove
			☐ Change
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			Change

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Signature of a member or authorized representative of a member	6/15	1 1 w						
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	6/15	Signature	7 / Ja		sentative of a n	iember		

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Filing Fee: \$25.00