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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Div | ision of Cor | porations | | |
|------------------|---------------------------|--|--|--|
| aun meer | | Realty, LLC | | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| | | | | |
| The enclosed | d Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | Jeff Alexander | | |
| | | | Name of Person | |
| | | Greenergy Realty, LLC | | |
| | | | Firm/Company | · · · · · · · · · · · · · · · · · · · |
| | | 2162 NW Reserve Park Tr | ace | |
| | | | Address | |
| | | Port St Lucie, FL 34986 | | |
| | | · · · · · · | City/State and Zip Code | |
| | | jalexander@greenergyrealty | | |
| | | E-mail address: (| to be used for future annual report not | ification) |
| For further i | nformation c | oncerning this matter, please ca | all: | |
| Jeff Alexan | der | | 772 370-3298 | |
| | Name o | f Person | at () Area Code Daytin | ne Telephone Number |
| Enclosed is | a check for th | ne following amount: | | |
| ■ \$25.00 | | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Re | ailing Addres | Section | Street Address: Registration Sc | |
| | Vision of C O. Box 632 | orporations 7 | Division of Co The Centre of | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Greenergy Realty, LLC | | | |
|---|---|---------------------|------------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | mpany as it now appears on ou ted Liability Company) | ar records.) | |
| The Articles of Organization for this Limited Liability Comparida document number L15000010431 | any were filed on $\frac{02/07/24}{}$ | | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, <u>enter the new name of the limited l</u> | liability company here: | | |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the designat | | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u>.</u> | |
| Principal office address MUST BE A STREET ADDRESS | 2 | | |
| | | t | PR |
| | | | \$\$\$\$ \$\$\$ E |
| Enter new mailing address, if applicable: | | | _ 뜻위 꽃 꿈 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 1017 1128 1138 1138 |
| | | | ŞÃ £ |
| B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: | ice address on our record | s, <u>enter the</u> | name of the new registe |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida stre | eet address | |
| | ** | Florid: | |
| | 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 Grego | Gregory Dalessio | 6115 NW East Deville Rd | □Add |
| | | Port St Lucie, FL 34986 | ■Remove |
| | | | Change |
| | | | DAdd |
| | | | □Remove |
| | | | ☐ Change |
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| (If an e | tive date, if other than the date of filing: (optional) (fective 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)(3)(3)(4) |
|---------------------|--|
| | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. |
| If the recored is t | ord 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 filed. |
| Dated | 1 Y-18 2024. |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00

Typed or printed name of signce