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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 2021 SEP -7 NH 10: C2 From: Account Name ; CORPORATE CREATIONS INTERNATIONAL INC Account Number : 110432003053 Phone : (561)694-8107 n Fax Number : (561)214-8442 \bigcirc **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:___

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Electronic Filing Menu Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zip Code

2021

| Balance Group LLC | | |
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| | | 1 - |
| (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 04/20/2016 Florida document number L16000078315 | and assigne | Σ = (<u>``</u>) |
| This amendment is submitted to amend the following: | | - |
| A. If amending name, enter the new name of the limited liability company here: | | |
| Next Charging LLC | | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre | eviation "L.L.C." | .— |
| Enter new principal offices address, if applicable: | | |
| (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 name o</u> agent and/or the new registered office address here: | of the new reg | istered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| Enter Florida street address | | |
| , Florida | _ | |

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.

City

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 = Manager AMBR = Authorized Member

| Title | Name | Address | Type of Action | |
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| D. If amending any other information, enter change(s) t | here: (Attach additional sheets, if necessary.) |
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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 3 2021 | A | 1683 | |
|---|-----------|------------|---|
| | | 1 SEP | |
| Signature of a member or authorized representative of a m | nember Go | - 7 | = |
| Danielle Gossman Attorney-in-Fact | | | - |
| Typed or printed name of signee | 200 | i0: | |
| | | 5 0 | |