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COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: Energy flo Manufacturing; LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
rease return an correspondence concerning this matter to the following.
Jeanie Jantos Name of Person
MT TAXPI and MOVE INC.
2754 W. Atlantic Blvd.
Pompano Beach FL 33049 City/State and Zip Code
Jantos & mitaxes and more com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tlane of Person at (754), 209 - 5540 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}\$\$\$Certificate of Status & Certified Copy (additional copy is enclosed)\$\$\$\$Certificate of Status & Certified Copy (additional copy is enclosed)\$\$\$\$\$\$\$\$\$(additional copy is enclosed)\$\$\$\$\$\$\$\$\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeThe Control of Tallahassee2415 No. Marrow Street Street
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on our regords.) (A Florida Limited Liability Company)	<u>C</u>
The Articles of Organization for this Limited Liability Company were filed on 11/22/2010 Florida document number 110001201110	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: March March Let	reviation "L.L.C."
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, enter the name agent and/or the new registered office address here:	of the new registered
Name of New Registered Agent:	(2) (3)
New Registered Office Address: Enter Florida street address	
, Florida	

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.

New Registered Agent's Signature, if changing Registered Agent:

City

Zip Code **

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>	Name	Address	Type of Action
mbr	Armando Casarella	1800 The 12th fairway	□ Add
	Casarena		□Remove
		Wellington FL 33414	Thange
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Change
			□Add
			🗆 Remove
			□Change
			🗆 Add
			🗀 Remove
			□Change
			□Add
			□Remove
			□Change

<u>Note:</u> If	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to da If the date inserted in this block does not meet the applicable ent's effective date on the Department of State's records.	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605,0207 of statutory filing requirements, this date will not be listed as to
e record s rd is filed	I specifies a delayed effective date, but not an effective time, and.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	April 13th 2021	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Signature of a member or authorized	d representative of a member

Filing Fee: \$25.00