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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 2 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:
Teah Limstone Name of Person
C3NERGY DIRECT, LLC
1805 Greentea Dr Address
Clearwater FL 33765  City/State and Zip Code  Texto 1 (2) Lice 1000 com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Teah Limitore at (727) 439-0150  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

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

C3NE	RAYINT	RFCT. LL	
(Name of the Limited	Liability Company Florida Limited Liab	as it now appears on our rollity Company)	ecords.)
The Articles of Organization for this Limited Liab Florida document numberTO 0029.  This amendment is submitted to amend the follow	<u>5517</u> .	ere filed on02 C	and assigned
A. If amending name, enter the new name of the	he limited liabilit	y company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
	-		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered agent and/or the new registered offic	registered offic	e address on our rec	cords, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street a	Allems
		Emer i toriali sireci i	
		City	_, Florida Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:		エの <del>原</del>
I herchy accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete per red agent as pro gistered office ad	rformance of my dutie vided for in Chapter (	s, and I am Jamilia With and 605, F.S. Or if this document is
	If Changin	g Registered Agent, Siona	ture 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MS	TEAH (initant	1805 Greenlea Dr	□ Add
LAMISK)		Clearwater FL 33765	Remove
			Change
AMBR.	Chais Jacobs	0623 84th Ave N	Add
	1	Pinellas Park FC 33781	Remove
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Filing Fee: \$25.00