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Division of Corporations

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From:

Account Name : FRANK, WEINBERG, BLACK, P.L.

Account Number : I20040000083 Phone : (954)474-8000

Fax Number : (954)474-9850

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRO ENERGY FLEET FUELING, LLC

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I. LEMIENX

MAY 2 4 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	o Energy Fleet Fueling, LUC stillty Company as it now unpyers of anda Limited Liebility Company)	n our records.)		
The Articles of Organization for this Limited Liabilit Florida document number L17000184979		07/19/2017	==== aud v22	igned
This amendment is submitted to amend the following	¥.			
A. If amending name, enter the new name of the	limited liability company here:	ı		
The new name must be distinguishable and contain the words "	Limited Liability Company "the Josefa	nation by I Co natho	-h	<del></del>
Enter new principal offices address, if applicable:	overpany, we doing	MARION DEC OF UK	weolealwildi.	. C.
(Principal office address MUST BESA STREET AD	DRESS)			<del></del>
Euter new mailing address, if applicable:		<del></del>	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		·		
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:	red office address on our recor		ne of the new	revistore
New Registered Office Address:	1875 NW Corporate	1875 NW Corporate Boulevard, Suite 10 Enter Florida street address		77
	Enter Florida si			
<del></del>	Boos Raton	, Florida	3343]	<u>ယ</u>
New Registered Agent's Signature, if changing Register	City Yed Avent:		Zip Code	<b>₹</b>
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered to being filed to merely reflect a change in the register company has been notified in writing of this change	t and agree to act in this capa complete performance of my c agent as provided for in Chap	luties, and I am j	amiliar with	with the
·			<del>,</del> .	
	if Changing Registered Agant, 5	gnature of New Reg	istered Agent	<del>-</del>

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	
			Remove	
			(I) Change	
<del></del>		_	□Add	
			□Remove	
			Change	
			DRemove	
			Change	
			□Remove	
			□ Change	
			DAdd	
			□ Remove	
			Change	
<del></del>			DAdd	
			□Remove	

D. If ame:	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effective	date, if other than the date of filing:  (optional)  (optional)  (optional)  (optional)  (optional)  (optional)  (optional)
Note: If: document	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
he record sp ord is filed.	ecifies a delayed offective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	May 23, 2023
	Signature of a member or authorized representative of a member
•	Clemente B. Cruz

Filing Fee: \$25.00