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T. MATTHEWS MAY - 3 2022

COVER LETTER

Division of Corporations -
SUBJECT: Telchine Energy Technologies 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:
Kristine Fairman Name of Person
Telchine Energy Technologies FirmCompany
8780 126th Ave Suite B
City/State and Zip Code Kristine @ felchine - vd. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kristine Fairman at (580) 943-1938 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Certificate of Status Certificate Of Status (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
SECKLIARY OF STATE
DIVISION OF CORPORATIONS

22 APR 13 PM 12: 59

Telenine Energy (Name of the Limited L	ability Compan orida Limited Li	ol og i cs y as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Liabili	ty Company v	vere filed on 7	/28/17	_ and assigned	
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liabil	ity company here:			
The new name must be distinguishable and contain the words	"Limited Liabilit	y Company," the design	nation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable	:			···	
(Principal office address MUST BE A STREET AI	DDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>0</u>				
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ddress on our reco	rds, <u>enter the name o</u>	f the new registered	
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida .	street address		
_		City	- :	Zip Code	

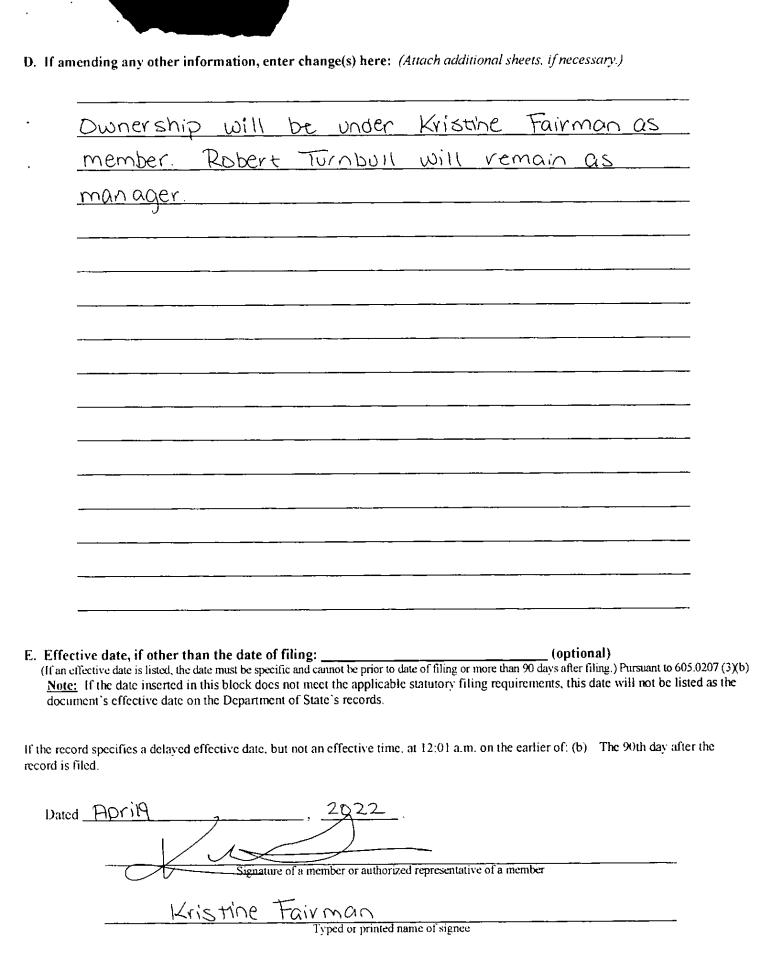
New Registered Agent's Signature, if changing Registered Agent:

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 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
AMBR	Kristine Fairman	8780 126th Ave SuiteB	🗹 Add
		Largo FL 33773	□Remove
			□Change
MGR	Kristine Fairman	8780126th Ave Suite B	□ Add
		Largo FL 33773	SRemove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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