L17000195790

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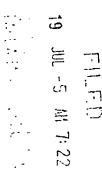
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COVER LETTER

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TO: Registration S Division of Co	ection rporations	₹	
	Energy LLC		11)
SUBJECT:	Same of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		•
	Robert Althuis		
		Name of Person	
	Wayfare Energy LLC		
		Firm/Company	
	5966 S. Dixie Hwy, Suite 3	00	
		Address	
	South Miami, Florida 3314	3	
		City/State and Zip Code	· -
	legal@wayfare.com E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Robert Althuis		512 983-9907	
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Wayfare Energy LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L17000195790	ompany were filed on 09/21/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
•		
		on in
B. If amending the registered agent and/or registe registered agent and/or the new registered office addro		nter the name of the no
registered agent and/or the new registered office additi	ess nere.	7.
Name (CN or David a red A red		22
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
	Florid	
1	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Arjen M. Althuis	1020 Sunshine Lane. #104 Altamonte Springs, FL 32714	Add
			■ Remove
			☐ Change
	·		
			☐ Remove
			Change
	·		Remove
			Change
			
		·	□ Remove
			Change
			Remove
	· •		Change
			Remove
			Change

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	data if other than the data of Glina.
<u>te:</u> If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
.vl	2010 15L 2010
ed	2019 Living 154 2019 Living of a member or authorized representative of a member
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Filing Fee: \$25.00