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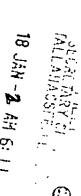
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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: RA Crergy L. C. I. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hathony Faria Name of Person
RA Energy Lic
O () Firm/Company
2323 8R 580 Unit B
Clearwater, FL 33743 City/State and Zip Code
OChalet 1980 @ gmail .dom E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ASh rod Forid at (100) 191- Unit Name of Person at (100) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solutional copy is enclosed) \$25.00 Filing Fee Solutional copy is enclosed) \$25.00 Filing Fee Solutional Copy (additional copy is enclosed) \$25.00 Filing Fee Solutional Copy (additional copy is enclosed)
1

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

KA Program LLC		
(Name of the Limited Liability (A Florida Li	Company as it no mited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Con	npany were file	ed on 2 21 17 and assigned
Florida document number <u>L17000alc0a</u> 9	 	
This amendment is submitted to amend the following:	1	
A. If amending name, enter the new name of the limited	: d liability cop	npany here:
		<u> </u>
The new name must be distinguishable and contain the words "Limited	Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		7
Principal office address MUST BE A STREET ADDRES	<u>55)</u>	P
		7
		-
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	l ed office ode	draw on our records enter the name of the new
registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
		Enter Florida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	<u>sgent:</u>	
I hereby accept the appointment as registered agent and comprovisions of all statutes relative to the proper and component the obligations of my position as registered agen	plėte perforn	nance of my duties, and I am familiar with and
being filed to merely reflect a change in the registered of company has been notified in writing of this change.		

If Changing Registered Agent, Signature of New Registered Agent

AGR = M	lanager	ļ		
	uthorized Member			
<u> </u>	Name	<u>Address</u>		Type of Action
YGR.	Anthony Farid	25656	4580. B. Chawater 33763	Add
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	ending any other information, enter c	nange(s) nere: (Attac	ch additional sheets, if necessary.)	
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: ffaa:	tive date, if other than the date of filin	1	(optional)	
lf an ei <u>Note:</u>	Tective date is listed, the date must be specific and	d cannot be prior to date of meet the applicable statu	filing or more than 90 days after filing.) Pursuant to 605.0 atory filing requirements, this date will not be listed	207 (as ti
	cord specifies a delayed effective of 90th day after the record is filed.		fective time, at 12:01 a.m. on the earlier	of:
Dated	12/28/17			
	Signature of a	member or authorized renr	resontative of a member	
	Signature of a	member or authorized repr	resentative of a member	

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Filing Fee: \$25.00