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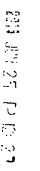
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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June 13, 2018

RAYNOLD DALCE 6521 TRENT CREEK DR **RUSKIN, FL 33573**

SUBJECT: RENERGY TRANSPORT LLC

Ref. Number: L18000125518

We have received your document for RENERGY TRANSPORT LLC and your? check(s) totaling \$25.00. However, the enclosed document has not been filed. and is being returned for the following correction(s):

Please write correct document number on page 1 of 3 of application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 318A00012306

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COVER LETTER

TO:

| TO: Registration Solution of Co | | | |
|---------------------------------|--|---|--|
| SURJECT: REA | Veryy Transpo | ort LLC | |
| Nobelli <u></u> | Name of Limi | ted Liability Company | |
| The enclosed Articles of | Amendment and fec(s) are sub- | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | 2 minold | Dalce Name of Person | |
| | | Firm/Company | |
| | 622 Trent | CEEK Drie | 25 J. P. 25 |
| | _Ruskin bella_lu- | City/State and Zip Code 19 100 Cov to be used for future annual report notif | institution) |
| For further information | concerning this matter, please ca | , | eation) — |
| DAYNOLD | Dalce | at (<u>321</u>) <u>202</u> Area Code Daytimo | 5543 |
| / Name | of Person | Area Code Daytimo | : Telephone Number |
| Enclosed is a check for | the 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) |
| MAII | LING ADDRESS: | STREET/COURI | ER ADDRESS: |

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| REDERAU TRASP | ort LLC | | |
|---|---|-------------------------|--------------|
| RENCY GY MASP (Name of the Limited Liability Com (A Florida Limited) | npany as it now appears on our records ed Liability Company) | <u></u>) | |
| The Articles of Organization for this Limited Liability Compa Florida document number (1988) This amendment is submitted to amend the following: | | | ssigned |
| A. If amending name, enter the new name of the limited li | ability company here: | | |
| he new name must be distinguishable and contain the words "Limited Li | ability Company," the designation "LLC" | " or the abbreviation " | L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRESS) | | | |
| Time that office was the records | | | |
| | | | 7 |
| | | .ë :2 | • |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | • |
| | | .: ••3 | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address be | l office address on our records <u>iere</u> : | s, <u>enter the nam</u> | e of the new |
| Name of New Registered Agent: | | <u> </u> | |
| New Registered Office Address: | Enter Florida street addres. | s | |
| | | | |
| | , Flo | orida Zip Cod | |
| | C113 | | • |

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action Address Title Name MGR Dalce, Raymond 6521 Trent Creek Dr - Add Ruskin FL 33573 Remove ___ Change 6521 Treent Creker Dr DAdd MGB Dalce, Enymold Ruskin FL 33573 PRemove ____ Change 6521 Treant Cree D. - Add MGP Dalce, Raynold Puskin FL 33573 Remove ~ ∴X ____ Change ⊤, MGR Doley Kaypold GDI TREEK CREEN DV DAdd Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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| tive date, if of fective date is list If the date insonent's effective | ed, the dat erted in th | e must be specifi nis block does | ic and cann not meet t | he applies | able statutory f | or more than 90 dling requirem | (option days after fil ents, this d | al) ing.) Pursuant to 60 ate will not be list |
| cord specifie 90th day a | s a del fter the | ayed effecti record is fi | ve date, led. | , but no | t an effectiv | e time, at 1 | 12:01 a.r | ກ. on the earli |
| 1 <u>6/6</u> | <u> </u> | e A | ()- ()- | | | | | |
| | | Signature | of a memb | per or autho | orized representa | tive of a member | er | |
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Page 3 of 3

Filing Fee: \$25.00