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### **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

**Division of Corporations** KLARZEN GREEN TECHNOLOGY LLC SUBJECT: \_ 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: Jhon Cohen Name of Person KLARZEN GREEN TECHNOLOGY LLC Firm/Company 9724 CYPRESS POND AVE Address TAMPA, FL 33647-1809 City/State and Zip Code jhon.cohen@artinenergy.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jhon Cohen 324-9295 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: - Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KLARZEN GREEN TECHNOLOGY LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Cor	v appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed Florida document number $\frac{1.18000186639}{1.18000186639}$ .	I on August 3, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
ARTIN ENERGY LLC	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<b>202</b>
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Enter new mailing address, if applicable:	ASS
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
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B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:  Name of New Registered Agent:	··· <del>-</del>
New Registered Office Address:	
E	nter Florida street address
	, Florida
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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

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ated January 19	2024			
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