## 118000189813

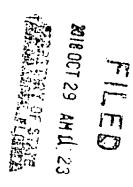
| (Req                      | uestor's Name)   |              |
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| (City                     | /State/Zip/Phon  | e #)         |
| PICK-UP                   | ☐ WAIT           | MAIL         |
| (Bus                      | iness Entity Nar | me)          |
| (Doc                      | ument Number)    | <del>,</del> |
| Certified Copies          | Certificate      | s of Status  |
| Special Instructions to F | iling Officer:   |              |
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Office Use Only



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### . , COVER LETTER

| TO:           | Registration Se<br>Division of Cor |   |   |  |
|---------------|------------------------------------|---|---|--|
| cinn          |                                    | ENERGY GROUP LLC                                |   |  |
| SUBJI         | ECT:                               | Name of Lin                                     | iited Liability Company   |  |
| The en        | closed Articles of                 | Amendment and fee(s) are sub                    | omitted for filing  |  |
| Please        | return all correspo                | ondence concerning this matter                  | to the following:   |  |
|               |                                    | ARCADIO LEON                                    |   |  |
|               |                                    | SANTINO ENERGY GRO                              | Name of Person<br>OUP LLC   |  |
|               |                                    | 4801 S STATE ROAD 7                             | Firm Company  |  |
|               |                                    | DAVIE, FL 33314                                 | Address   |  |
|               |                                    | ARCADIOSISO@HQTMA                               | City/State and Zip Code<br>AIL COM  |  |
|               |                                    | E-mail address: (                               | to be used for future annual report noti-                                 | fication)  |
| For fur       | ther information e                 | oncerning this matter, please co                | all:  |  |
| ARCA          | DIO LEON                           |   | 786 479995  |  |
|               | Name o                             |   | Area Code Daytime   | : Telephone Number   |
| Encios        | ed is a check for th               | ne following amount:                            |   |  |
| <b>⊒</b> \$2: | 5.00 Filing Fee                    | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Cettified Copy<br>(additional copy is enclosed) | ☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy tadditional 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

| (Name of the Limited Liability Compar<br>(A Florida Limited L.                                      | y as it now appears on our records.)     |                         |
|---|--|-------------------------|
| (A Piorida Limifed L  | ability Company)                         |                         |
| The Articles of Organization for this Limited Liability Company $\frac{1.18000189813}{1.000189813}$ | were filed on <u>08/08/2018</u>          | and assigned            |
| his amendment is submitted to amend the following:  |  |                         |
| A. If amending name, enter the new name of the limited liabil                                       | lity company here:                       |                         |
| The new name must be distinguishable and contain the words "Limited Liabili                         | ty Company," the designation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  |                         |
| Principal office address MUST BE A STREET ADDRESS)  |  |                         |
|   |  |                         |
| Enter new mailing address, if applicable:   |  | 38                      |
| Mailing address MAY BE A POST OFFICE BOX)   |  |                         |
|   | <u> </u>                                 | 1 65 TH                 |
| 3. If amending the registered agent and/or registered off   | ice address on our records ent           | and the remain of the   |
| egistered agent and/or the new registered office address here                                       |  | 23                      |
| Name of New Registered Agent:   |  |                         |
| New Registered Office Address:  |  |                         |
|   | Enter Florida street address             |                         |
|   |  |                         |

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

SANTINO ENERGY GROUP LLC

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.

Cuy

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>     | <u>Address</u>                           | Type of Action      |
|--------------|-----------------|--|---------------------|
| MGR          | ARCADIO LEON    | 4801 S STATE RD 7<br>DAVIE, FL 33314     | <b>⊜</b> Add        |
|              |                 |  | Remove              |
|              |                 |  | Change              |
| AP           | GUSTAVO RABELLO | 4801 SOUTH STATE RD 7<br>DAVIE, FL 33314 | D Add               |
|              |                 |  | ■ Remove            |
|              |                 | 4801 SOUTH STATE ROAD 7                  | ☐ Change            |
| AP<br>———    | EMERSON SIMAO   | DAVIE. FL 33314                          | □ Add               |
|              |                 |  | Remove  Remove  Add |
|              |                 |  | Remove              |
|              |                 |  | □ Change<br>□ Add   |
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| lfective date if other than the da   | ite of filing: - specific and cannot be prior to date of filing or | (optional)<br>more than 90 days after filing.) Pursuant to 60: | 5,020     |
| an effective date is listed, the date must be  | c does not meet the applicable statutory fil                       |  |           |
| an effective date is listed, the date must be lote: If the date inserted in this block   |  |  |           |
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Filing Fee: \$25.00