## 118000283199

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(Address)
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(City/State/Zip/Phone #)
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JUN 1 1 2019

## **COVER LETTER**

TO:	Registration So Division of Cor		ν .	9 \$	
SUBJE	7 ATT	ed Perpetual Energy, LLC	•	1 1	
SOBJE		Name of Limi	ted Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please i	return all correspo	ondence concerning this matter t	to the following:		
		Laurie Gam			
			Name of Person		~>
		OceanBased Perpetual Ener	rgy, LLC	<del>-</del>	2 41
			Firm/Company		
		7194 Promenade Drive, Sui	ite 702		المارة المارة
		·	Address		
		Boca Raton, FL 33433			 5
		laurie@occanbased.org	City/State and Zip Code		
		E-mail address: (to	o be used for future annual report notif	ication)	
For furt	her information c	oncerning this matter, please ca	II:		
Laurie	Gam		954 740-4642 at ( )		
	Name o	f Person		Telephone Number	
Enclose	ed is a check for the	ne following amount:			
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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**

OceanBased Perpetual Energy, LLC	
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number 118000283199	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited	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 ADDRES.	5)
	> =
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	űn
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, enter the name of the new
Name of Name Davis and Associated	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter riorida street address
	, Florida
New Registered Agent's Signature, if changing Registered Ag	·
The state of the s	CHI.

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

MGR = Manager AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action			
C CEO	Nasser M N Alshemaimry	7194 Promenade Drive, No. 702 Boca Raton, FL 33433	■ Add			
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n effective date is liste	ed, the date must be specificated in this block does	fic and cannot be prior to	date of filing or more the	han 90 days after filing	) Pursuant to 605 020
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U)au	Signature	of a member or authoriz	ted representative of a	member	

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Filing Fee: \$25.00