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COVER LETTER

TO: Registration Section

Division of	Corporations		
SUBJECT:	CSE Sove	REIGNTY LLC Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are	submitted for filing.	
Please return all corr	respondence concerning this mat	tter to the following:	
	_ CHRIS	Name of Person	
	CSE S	SOVEREIGHTY LLC Firm/Company	2021 JUI SECRE
	204	Firm/Company S PALM TER Address Address City/State and Zip Code	ODIT SSE
		(S) 44 R POWER II ALL (Sss: (to be fised for future annual report not	dication)
For further informati	ion concerning this matter, pleas	se call:	
CHR157 Na	me of Person	at (<u>94)</u> <u>549</u> Area Code Daytim	31 52 te Telephone Number
Enclosed is a check	for the following amount:		
d: \$25.00 Filing Fe	ce \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy)'s enclosed)
Division of P.O. Box	on Section of Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CSE SOVEREIGHTY LLC

(Name of the Limited Liability Compa (A Florida Limited)	inv as4t now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 04/1/2019 and assigned
Florida document number <u>L 1900000 7.173</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
ENERGY OF NATU The new name must be distinguishable and contain the words "Limited Liabi	Ity Company," the designation "LLC" or the above son "L.L.C."
Enter new principal offices address, if applicable:	SAIF: LOUN PART FORT
(Principal office address MUST BE A STREET ADDRESS)	- CUIT BE OF
	SARACOTA TOPO 3742
Enter new mailing address, if applicable:	SHIF, LOYS PACE TER
(Mailing address MAY BE A POST OFFICE BOX)	DNIT B
	SARASOTA FL 34231
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Elbrida street address
	. Florida Zip Code
	City Zip Code

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

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

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:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			☐ Change
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ective date, if other	than the date of	filing:			(optional)		
effective date is listed, tee. If the date inserte	d in this block does	not meet the app	fficable statutory	g or more than 90 da : filing requireme	iys after filing.) nts, this date	Pursuunt will not l	to 605.0203 be listed as
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