L19000148207

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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registra Division		ction porations		•
	ERGY P	OWER SUPPLIERS LLC	•	•
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Artic	cles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all co	orrespoi	ndence concerning this matter	to the following:	
		ANDRES HURTADO		
			Name of Person	
		PRODEZK INC		
			Firm/Company	
		5040 NW 7TH ST SUITE	705	
			Address	
		MIAMI, FL 33126		
			City/State and Zip Code	
		INFO@PRODEZK.COM		
		E-mail address; (to be used for future annual report not	ification)
For further inform	nation co	oncerning this matter, please ca	all:	
ANDRES HURT	ADO		786 2338521	
	Name of	Person		ne Telephone Number
Enclosed is a chec	k for th	e 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)
Mailing Registra	ation S	ection	Street Address: Registration Se	
Divisio P.O. Bo		orporations 7	Division of Co The Centre of	
		, T 32314		re Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENERGY POWER SUPPLIERS LLC

2020 AUG 13 PH 5: 50

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 06/04/2019	and assigned
Florida document number L19000148207		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	r the 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:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	address on our records, enter the	e name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florie	da
	City	daZip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and sorovided for in Chapter 605, F.S.	l am familiar with and S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	Address 2020 AUG 13 PN 5: 50	Type of Action
MGR	DORIS MARGARITA DUBON	777 SW 9TH AVE APT 219 MIAMI, FL 33130	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			[]Remove
			Change

	2.20 AUG 18 PH 5: 50
	,
	
	
	
fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date one. If the date inserted in this block does not meet the applicable state.	(optional) te of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) statutory filing requirements, this date will not be listed as the
ecument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, a is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
o4th AUGUST 2020	
January Telegra	
Signature of a member or authorized	-refresentative of a member