| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| es Certificates of Status |
| ructions to Filing Officer: |
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COVER LETTER

Registration Section Division of Corporations

| HYDROGI | Name of Lim | ited Liability Company | | | | | |
|--|---|---|--|--|--|--|--|
| closed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | | |
| return all correspo | ndence concerning this matter | to the following: | | | | | |
| | Jeremy H. Segal | | | | | | |
| | | Name of Person | | | | | |
| | William J. Segal, P.A. | | | | | | |
| | | Firm/Company | | | | | |
| | 20801 Biscayne Blvd, Suite 304 | | | | | | |
| | | Address | | | | | |
| | | | | | | | |
| | | City/State and Zip Code | | | | | |
| | - | to be used for few and an arrangement and arrangement | (Continue) | | | | |
| | · | | meanon | | | | |
| | oncerning this matter, please c | | | | | | |
| y H. Segal | <u> </u> | at () Area Code Daytime Telephone Number | | | | | |
| Name o | f Person | Area Code Daytin | ne Telephone Number | | | | |
| ed is a check for the | he following amount: | | | | | | |
| 5.00 Fiting Fee | S30.00 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 Address Registration 3 Division of C P.O. Box 632 Tallahassee, | Section Corporations 27 | Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI | rporations Fallahassee be Street, Suite 810 | | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION \mathbf{OF}

HYDROGEN SARASOTA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) rticles of Organization for this Limited Liability Company were filed on 07/17/2019 i document number _L19000183516 nendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: OGEN MIAMI LLC name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2045 Biscayne Blvd Unit 291 new principal offices address, if applicable: Miami, FL 33137 ipal office address MUST BE A STREET ADDRESS) 2045 Biscayne Blvd Unit 291 new mailing address, if applicable: Miami, FL 33137 ng address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: William J. Segal, P.A. Name of New Registered Agent: 20801 Biscayne Blvd, Suite 304 New Registered Office Address: Enter Florida street address , Florida 33180 Zip Code Aventura

egistered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ny has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

nding Authorized Person(s) a prized to manage, enter the title, name, at ddress of each person being added oved from our records:

= Manager

= Authorized Member

| <u>Name</u> | <u>Address</u> | Type of Action |
|----------------|------------------------------|----------------|
| SARAN, AJAYPAL | 2045 Biscayne Blvd, Unit 291 | DAdd |
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| e date, if other than a ive date is listed, the date the date inserted in this t's effective date on the | s block does not | meet the applica | o date of filing or r ble statutory filin | nore than 90 days | optional) after filing.) Pursuant , this date will not | to 605.0207 (be listed as t |
| pecifies a delayed effe | ctive date, but no | ot an effective tin | ne, at 12:01 a.m. | on the earlier o | f: (b) The 90th da | iy after the |
| ecember, | | . 2019 | | | | |
| | Ju | fe / | rized representativ | e of a member | | |
| | Figurante or | ringipoer or admoi | is cu representativ | 0 01 L 1110111002 | | |

Filing Fee: \$25.00