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SECRETARY OF STATE

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TO: Registration Section

Div	ision of Cor	porations				
	ECO4 Ener	gy LLC		,		
SUBJECT:		Name of Lim	ited Liability Company			
TL1	I Amelinton of	A mandager and factor are sub-	united the Hing			
		Amendment and fee(s) are sub				
Please return	all correspo	ndence concerning this matter	to the following:			
		Jamit Newell				
			Name of Person			
		ECO4 Energy LLC				
			Firm/Company		_	
		2054 Vista Parkway, ste 40	00			
			Address	· · · · · ·	~~ ~2	
		West Palm Beach, FL 334	11		024 SE SECRI	
		jamilnewell@agbaraeng.co	City/State and Zip Code m		2024 SEP -4 AM 10: 35 SEGRETARY OF STATE TALLAHASSEE, FL	
		E-mail address: (to be used for future annual report no	tification)	SSIGN 至	
For further in	nformation c	oncerning this matter, please c	all:		MS O	
Jamil Newel	11		561 815-2907		man on	
	Name o	f Person	Area Code Dayti	me Telephone Numbe	er	
Enclosed is a	i check for th	ne following amount:				
■ \$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status		\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ite of Status &	
	iling Addres gistration S		Street Address: Registration S	ection		
Division of Corporations			Division of Co	orporations		
). Box 632 Ilahassee, I		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECO4 Energy LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our record ted Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 11/13/2019	and assigned
Florida document number L19000271373		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		202 St
Enter new mailing address, if applicable:		TACK ST
(Mailing address MAY BE A POST OFFICE BOX)		D 7 1 1 1 2 2
		一大
B. If amending the registered agent and/or registered offi	ce address on our records, <u>enter</u>	
agent and/or the new registered office address here:		一品
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addres	S.
	, Flo	orida
	City	Zip Code

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

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 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	Type of Action
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			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			Add P
			SECRE JAR
			124 SECRETARY OF STATE TALLAHAS SEE, FI
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		08/29/20	024					
Effective date, if other than if an effective date is listed, the date	te must be specific	e and cannot be p	rior to date of fil	ing or more than 90	(optior days after fi	ling.) Pur	suant to (605.0207
Note: If the date inserted in the document's effective date on the				ry filing requiren	ents, this o	late will	not be l	isted as t
	·							
e record specifies a delayed eff rd is filed.	ective date, but	not an effectiv	re time, at 12:0	I a.m. on the carl	ier of: (b)	The 90t	th day at	fter tne
08/29 Dated		2024	1					
Dated		T' 1/	<u> </u>					

Typed or printed name of signee