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COVER LETTER

TO:

TO: Registration So Division of Cor			
	ENERGY LLC		
SUBJECT:	Name of Lin	ited Liability Company	
			
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
	Natalie M Smith		
		Name of Person	
	RENCOR ENERGY LLC		
		Firm/Company	
	14216 Woodhall Place		
		Address	
	Bradenton FL 34202		
	natalie6549@gmail.com	City/State and Zip Code	
		to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
Natalic Smith		630 6056549 at ()	
Name of Person		Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monroe	allahassee e Street, Suite 810
		Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RENCOR ENERGY LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on April 6 2020	and assigned
Plorida document number L20000097357	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
·		
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
		707
Enter new mailing address, if applicable:	_ .	1 1
Mailing address MAY BE A POST OFFICE BOX)		
		ر) منت
		٠٠ در:
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	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 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>	Name	Address	Type of Action
AMBR	John M Puthusseril	14202 Shady Stream Drive, Dover FL 33527 US	□ Add
			Remove
			□Change
			□Add
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			□ Change
			□ Add
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an eff ote:	date, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier oth day after the record is filed.
ated	$\frac{1}{2020}$
	Simplify of a parties of a parties of a mamber
	Signature of a member or authorized representative of a member