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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Enzyme Fuds LC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jordan Pittmon Name of Person
Enzyme Fuels LC Firm/Company
4135 Regata Way # 212
Fort Myers FL 33916 City/State and Zip Code
en zume fick of amoil. Com (Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (904) 410 - 8038 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Enzume Fuels LLC (Name of the Limited Liability Company as it is (A Florida Limited Liability Company)	ow appears on our records.)
(A Florida Limited Liability C	(ompany)
The Articles of Organization for this Limited Liability Company were fil	ed on OA 14 2020 and assigned
Florida document number L20000 10 3043	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	77. 2
(Principal office address MUST BE A STREET ADDRESS)	28 28 28 28 28 28 28 28 28 28 28 28 28 2
	L B L
Enter new mailing address, if applicable:	- Mc - Mr.
(Mailing address MAY BE A POST OFFICE BOX)	
	AA :
	<u> </u>
B. If amending the registered agent and/or registered office address	on our records, enter the 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
	, Florida
Civ	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 guiending 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 **Title** Name Type of Action <u>Address</u> Leonard Crowley 17006 Beveridge Dr. WADD Woodbridge, VA 2006 Remove Loel Cotton II 19021 Promenade Park Love WALL # 304 Lutz, FL 33548 LIRemove □Remove _____LIRemove ____ □Remove

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fective date, if other than the date of filing:		(optional)	
on effective date is listed, the date must be specific and cannot be prior note: If the date inserted in this block does not meet the applies	able statutory filing requir	90 days after filing.) Pur ements, this date will	suant to 605,020 not be listed a
neument's effective date on the Department of State's records.			
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record specifies a delayed effective date, but not an effective till is filed.	me, at 12:91 a.m. on the e	arlier 61: (b) The 90	th day after the
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J. Pittmon Signature of a member or author	·		
Pilling			
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Signature of a member or author	orized representative of a mer	titiet.	