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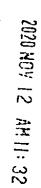
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## **COVER LETTER**

TO: Registration So Division of Cor			. •
ern rezere	PINE	RGY, LLC	<b>5</b> 1
SUBJECT:	Name of Lim	ited Liability Company	<del></del> -
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Adalberto Parra, CPA		
	·	Name of Person	
	ADALBERTO PARRA, C	PA, LLC	
	<u> </u>	Firm/Company	
	555 NE 15th Street, Unit C	TU-19	
		Address	
	Miami, FL 33132		
	····	City/State and Zip Code	
	aparra@parra-cpa-com		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	concerning this matter, please co	all:	
Adalberto Parra		786 490-2500 at (	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he 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		Street Address:	
Registration : Division of C		Registration Se Division of Co	
P O. Box 632	•	The Centre of	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	PINERGY, LLC				
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now app rida Limited Liability Compan	ears on our records.)			
The Articles of Organization for this Limited Liability Florida document number 1.20000281605			;	and ass	signe
This amendment is submitted to amend the following	:				
A. If amending name, enter the new name of the l	imited liability company	here:			
The new name must be distinguishable and contain the words "I	.imited Liability Company." th	e designation "LLC" or	the abbreyion	uion "L	.L.C.
Enter new principal offices address, if applicable:			<u> </u>	20	
(Principal office address MUST BE A STREET AD	DRESS)		<u> </u>	22	·:
				<u> คง</u>	į
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)				32	
B. If amending the registered agent and/or registe agent and/or the new registered office address her		r records, <u>enter the</u>	name of	the nev	w reg
Name of New Registered Agent:		_			
New Registered Office Address:	Form I	·lorida street address			
	1,111¢1 1				
	City	Florid		v Code	
Name Desired and America Street and Street and Street	•		2.1	услае	
New Registered Agent's Signature, if changing Registe	erea Agenti				

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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 beir or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
AMBR	Carlos Pinel	555 NE 15th Street	🗀 Add
		Unit 31-G	≣Remov
		Miami, FL 33132	□Change
AMBR	Simon Pinel	555 NE 15th Street	□Add
		Unit 31-G	■Remove
		Miami, FL 33132	Change
			□ Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
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<del></del>	<del></del>		□Add
			Remove
			Change
			□Add
			□Remove
			□Change

ffective date, if other than the date of filing:							
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