## L21000095174

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## **COVER LETTER**

TO:

Registration Section

Division of Cor	rporations	•	
RNRGZE,	LLC	,	
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	_	
	DIANA MOSHEYEV		
		Name of Person	<del></del>
	RNRGZE, LLC		
		Firm/Company	
	2500 SW 58TH MANOR	w	
	· · · ·	Address	
	FORT LAUDERDALE, F	L 33312	1 4
		City/State and Zip Code	
	DIANAMOSHEYEV@YA	•	. <u>-</u>
	E-mail address: (	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	all:	
DIANA MOSHEYEV		954 560-0799	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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 Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RNRGZE, LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
(*************************************	
he Articles of Organization for this Limited Liability Company were filed on $\frac{02\pi}{2}$	/26/2021 and assigned
orida document number L21000095174	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company he	ere:
NRGZD, LLC	
e new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	- 1
	7.3 . <del> </del>
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nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address on our re	ecards enter the name of the new regi
gent and/or the new registered office address here:	teores, enter the name of the new regi
N. CN. D. L. LA	
Name of New Registered Agent:	<del>.</del>
New Registered Office Address:	
	rida street address
	Planto
	Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
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			□Change
			□ Add
			Remove
			Add
		<del></del>	□ Remove
			□Change
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ctive date, if other than the effective date is listed, the date mu	e date of filing:	filing or more than 90 days after filing.) F	Pursuant to 605.02
	clock does not meet the applicable statu Department of State's records.	tory filing requirements, this date w	ill not be listed a
	•		
ord specifies a delayed effecti filed.	ve date, but not an effective time, at 12	:01 a.m. on the earlier of: (b) The	90th day after th
MARCH 24	2021		
ed			

Typed or printed name of signee