Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CLARA GIRALDO ENROLLED AGENT

Account Number : 119990000017

: (305)485-9300

Phone Fax Number

: (305)485-1098

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Enmil Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLEAN ENERGY BV, LLC.

| Certificate of Status | 0 |
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CLEAN ENERGY BV, LLC. | | | |
|---|-----------------------------------|---|--|
| (Name of the Limite) | Linbility Con A Fiorida Limite | npany as it now uppears ed Liability Company) | s an our records.) |
| The Articles of Organization for this Limited Liu | bility Compa | ny were filed on 05/ | 10/2021 and assigned |
| lorida document number L21000204851 | | | · |
| his amendment is submitted to amend the follow | ving: | | |
| . If amending name, enter the new name of t | he limited li | ability company her | <u>te</u> : |
| N/A | | | • |
| he new name must be distinguishable and contain the wo | rds "Limited Lie | ability Company," the de- | signation "LLC" or the abbreviation "L.L.C." |
| inter new principal offices address, if applical | ble: | N/A | Σ |
| Principal office address MUST BE A STREET | ADDRESS) | | |
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| nter new mailing address, if applicable: | | N/A | ************************************** |
| Mailing address MAY BE A POST OFFICE B | <u>0X)</u> | | |
| | | | |
| 3. If amending the registered agent and/or reg gent and/or the new registered office address | here: | e address on our red | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | 10814 NW 8 | · | du stree! address |
| | DORAL | | , Florida <u>33178</u> |
| | | 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.

hanging 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 | SOTO H., ENDER LUIS | 10814 NW 84 LN | ⊡Add |
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| cument's effective date on the l | repartment of State's records. | | |
| ecord specifies a delayed effecti | ve date, but not an effective time, at | 12:01 a.m. on the earlier of: (b |) The 90th day after th |
| s filed. | | | |
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Typed or printed name of signee