## L21000217600

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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
	Energy and	Financial Consulting Enterpris	es LLC	
SUBJEC	CT:	N: 21.1	5. 445 495. Z	
		Name of Lam	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		IRINA SOTO		
			Name of Person	
		Energy and Financial Cons	ulting Enterprises LLC	
		810 28th St N	Firm/Company	
			Address	D.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C
		St Petersburg FL 33713		
		irina.soto11@gmail.com	City/State and Zip Code	
		E-mail address; (	to be used for future annual report no	ntification)
For furth	er information c	concerning this matter, please co	all;	
Irina Sot	0			
	Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed	I is a check for the	he following amount:		
<b>≡</b> \$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 S Division of Co	
	P.O. Box 632	-	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Energy and Financial Consulting Enterprises, LLC	
(Name of the Limited Liability Compar (A Florida Limited I.	iy as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company  [L21000217600]	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
rina Soto-Mendoza, LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<del></del>
	23 20
Enter new mailing address, if applicable:	20 L
(Mailing address MAY BE A POST OFFICE BOX)	SSE T
	E si si
	7 5
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	Cuy Zip Code

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 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>	<u>Name</u>	Address	Type of Action
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ective date, if other than the effective date is listed, the date muse:  If the date inserted in this bl	t be specific and ca	nnot be prior to dat	e of filing or more statutory filing re	(option than 90 days after fi quirements, this (	ling.) Pursuant to 605,020
ument's effective date on the D					
cord specifies a delayed effectiv s filed.	e date, but not an	effective time, a	t 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
January 15th		2023			
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Typed or printed name of signee