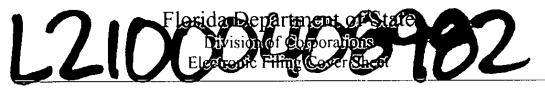
10/27/2021

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : COGENCY GLOBAL, INC.

Account Number : I20000000088

Phone : (800)221-0102 : (800)944-6607

Fax Number

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

Email	Address:		_	

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Corporate Filing Menu

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NRG PLUS USA LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 OCT 27 AM II:
SECRETARY OF STATE
FALLAHASSEE, FLORE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 99/15/2021

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 Agent:

New Registered Office Address:

Enter Florida street address

Enter Florida street address

Florida

To 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.

From: Jacqueline Almeida Fax: 18002210102

To.

Fax: (850) 617-6383

Page: 4 of 5

10/27/2021 7:55 AM

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
			□Add
			Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change

To:

		
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Effective date, if other than t (If an effective date is listed, the date r Note: If the date inserted in this document's effective date on the	e date of filing:	suant to 605.0207 (2 not be listed as th
ne record specifies a delayed effectord is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	th day after the
0 - 1 - 22	2021	
Dated October 22		
Dated October 22	AL ROAD	A
Dated October 22	Signature of a hember or authorized representative of a member	2021 OCT 27 AM SECRETARY OF S TALLAHASSEE, FI

Filing Fee: \$25.00