L22000064021

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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J. HORNE
APR - 6 2022



03/22/22--01012--021 ++30.00



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COVER LETTER

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TO: Registration Section Division of Corporations

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GENERGYGRID LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BENJAMIN J. ERPS

Name of Person

GENERGYGRID LLC

Firm/Company

218 BLUE STREAM WAY, STE 12212

Address

INLET BEACH, FL 32461

City/State and Zip Code

ben.erps@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BANJAMIN J. ERPS

Name of Person

at (______) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:



S30.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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SUBJECT:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GENERGY GRID LLC			
(<u>Name of the Limi</u>	ted Liability Com (A Florida Limite	i <mark>pany as it now appears on our rec</mark> ed Liability Company)	ords.)
The Articles of Organization for this Limited L Florida document number <u>L22000064021</u>		ny were filed on <u>01-28-2022</u>	AR assigned
This amendment is submitted to amend the foll	owing:		NIS NIS
A. If amending name, enter the new name o	of the limited li	ability company here:	
RENUGRID LLC			
The new name must be distinguishable and contain the v	vords "Limited Lia	ability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		MA	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or a agent and/or the new registered office addre		re address on our records, <u>en</u> t	ter the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street add	drass
		City.	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.

KA If Changing Registered Agent, <u>Signature of New Registered Agent</u> 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 = M $AMBR = A$	anager uthorized Member N/A		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			DAdd
		.	Change
	<u> </u>	,	□ Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
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			Change
			🗆 Add
			□Change

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D.	If ame	ending any o	ther information	, enter change(s) here:	(Attach additional sheets,	if necessary.)

 \int The only change on this Amendment is a name change for the LLC. There are no other changes. _____

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	. 2022	
Remaining .	L. Eros	
	Signature of a member or authorized representative of a member	
BENJAMIN J. ERPS		
	Typed or printed name of signee	