Division of Corporations

## Florida Department of State

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Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INFUSION ENERGY OF THE AMERICAS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INFUSION ENERGY OF THE AMERICAS LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny 25 it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 02/08/2022	and notion of
Florida document number L22000065545		and assigned
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)		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	abbreviation "L.L.C."
	_	
(Principal office address MUST BE A STREET ADDRESS)		
Foter new mailing addrace if annihable.		
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BEATOST OF FICE BOX)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the na	me of the new registered
		202
Name of New Registered Agent:		28
New Registered Office Address:		型 元
	Enter Florida street address	
	, Florida _	TO A
iew Registered Agent's Signature, if changing Registered Agent:	City	⊋ Zip ( <del>Ω</del> le = − − − − − − − − − − − − − − − − − −
A CONTRACT OF CHANGING INCRESSION ASSESSMENT		C TO F

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>	Name	Address	Type of Action
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n errest ite: If	e date, if other than ive date is listed, the date the date inserted in th t's effective date on th	must be specifi is block does r	c and cannot be p	DUCADIE STATI	filing or more t	(option han 90 days after quirements, this	Citia a North	605.020 listed a:
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ed	SEPTEMBER 20		2022	<u> </u>				
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