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T. MATTHEWS JUN 20 2022

## **COVER LETTER**

TO:

Tallahassee, FL 32314

	ration Section on of Corporations			,
SUBJECT:	Public	Energy	LLC	
SUBJECT:		Name of Limited	d Liability Company	
The enclosed Ar	rticles of Amendment a	nd fee(s) are submi	tted for filing.	
Please return all	correspondence conce	rning this matter to	the following:	
		Bianca	Careen Name of Person	
		Public E	Energy, LLC Firm/Company	
	<del></del>		Firm/Company	
		400 S.	Orleans Ave.	
			Address	
		Tamp	a. FL 33606	)
		1 92.1.1	a, FL 33606 City/State and Zip Code	
	_		green@aadm	
		•	be used for future annual report notif	ication)
For further into	rmation concerning thi	s matter, please call	:	
Bian	nca Green		at (727) 459 -	8084
	Name of Person		Area Code Daytime	e Telephone Number
Enclosed is a ch	neck for the following a	anount:		
\$25.00 Filin	_	Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
<b>E</b> 323.00 1 Hi		icate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailin	g Address:		Street Address:	
	tration Section		Registration Sec	
	ion of Corporations Box 6327	3	Division of Cor The Centre of T	
P.U. 1	DUX 0327		THE CENTE OF I	ananassuu

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS **OF**

22 APR 26 AM 0. 20

	-	ET 4111 TO AU 3: 50
tublic E	energy, LLC	
(Name of the Limited Liabili (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)
		1
The Articles of Organization for this Limited Liability C		9/2022 and assigned
Florida document number <u>L2200009</u>	<u>1</u> 723	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDI	RESS)	
<u> </u>	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	_ <del></del>	
mulang dauress MAT BE AT OST OFFICE BOX		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered	d office address on our reco	rds enter the name of the new register
agent and/or the new registered office address here:	a office address on our recor	ds, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	otenat addraga
	Enter r torica s	orec address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	d 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.

If Changing 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>	<u>Name</u>	Address	Type of Action
AMBR	Evaristo Noel Cruz	400 S. Orleans Are.	<b>X</b> Add
		Tampa, FZ-33406	□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
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			□ Remove
			□ Change

Effective date, if other than the date of filing:  [In a effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695.0207 Area. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The effective date on the Department of State's records.  The 90th day after the ris filed.  Dated April 18  Dated April 18  Figure of a member or authorized representative of a member  Signifyther of a member or authorized representative of a member	• • • • • • • • • • • • • • • • • • • •	ng any other information, enter change(s) here: (Attach additional sheets. if necessary.)
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