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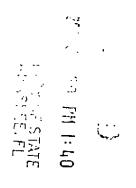
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## **COVER LETTER**

TO: Registration Section

Division of Corp	porations	;		
	BUNKERING USA LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Gustavo J. Gareia-Montes			
		Name of Person		
	Gustavo J. Garcia-Montes	PA		
		Firm/Company		
	66 West Flagler Street, Sui	ite 601		
		Address	-	~.
	Miami FL 33130		,	
	ggm@agmlawgroup.com	City/State and Zip Code	•	•
		to be used for future annual report no	otification)	, <del>no</del> .
For further information co	oncerning this matter, please co	all:	्रे (ग्री सा	01:1 PM
Gustavo J Garcia-Montes		305 989-1137 at ()	<u>خ</u> لئم ٦	0,10
Name of	l Person	Area Code Dayt	ime Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filin Certificate Certified Co tadditional co	of Status &
<u>Mailing Addres</u> Registration S		Street Address: Registration S	Section	
Division of C	orporations	Division of C	orporations	
P.O. Box 632 Tallahassee, F		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 81€	)

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our reco Liability Company)	<u>rds.</u> )		
The Articles of Organization for this Limited Liability Company Florida document number 1.22000095603	were filed on <u>02/22/2022</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
CI Kamea Energy LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI			
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET ADDRESS)				
		<u>#1</u> 3		
		PH		
Enter new mailing address, if applicable:		mos - V		
(Mailing address MAY BE A POST OFFICE BOX)		FL 10		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>ente</u>	er the name of the new regist		
New Registered Office Address:	Enter Florida street add	ress		
<del></del>	, City	Flo <b>rida</b> Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr		further acress to comply with		
r nevery accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties,	and I am familiar with and		

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>	Name	Address	Type of Action
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			□Remove
		<u>.</u>	□Change
		·	□ Add
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		07/26/201	24			<u>. 111</u>	0
ffective date, if other than the an effective date is listed, the date maiote: If the date inserted in this bocument's effective date on the I	ast be specific and block does not i	d cannot be pri meet the app	ficable statut	iling or more th ory filing req	( <b>opt</b> an 90 days afte uirements, th	i <b>onal)</b> r filing.) l is date w	Pursuant to 605.0 fill not be listed
record specifies a delayed effecti Lis filed.	ve date, but not	t an effective	rtime, at 12:	01 a.m. on the	e earlier of: (	b) The	90th day after (
		2024	Λ				
July 26							
ated		`	<del>一</del> .				
Dated	Signature of a	niember or in	hartzed center	esentative of a	nember		