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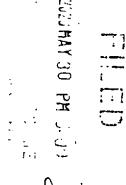
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COVER LETTER

	Registration Se Division of Cor				
SUBJEC	SENERGY				
SUBJEC	:T:		nited Liability Company		
The enck	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
		ondence concerning this matter	<u>-</u>		
		STEPHANIE HOLLIS, M	IGR		
			Name of Person		
		SOLAR STIK, INC.			
			Firm/Company		
		13 N. LEONARD ST			
			Address		
		ST. AUGUSTINE FL 320	84		
			City/State and Zip Code		
		shollis@solarstik.com			
		E-mail address: (to be used for future annual report notif	fication)	
For furth	er information c	oncerning this matter, please c	all:		
IVAN M	LEFKOWITZ	ESQ.	407 616-3824		
	Name o	f Person		e Telephone Number	
Enclosed	is a check for th	ne following amount:			
□ \$ 25.0	00 Filing Fee	☐ \$30.00 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)	
	Mailing Addres		Street Address:		
	Registration S Division of C			Registration Section	
	P.O. Box 632	•	Division of Cor The Centre of T	•	
	Tallahassee, I	FL 32314		2 Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SENERGY, L.L.C.	
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company were	e filed on $\frac{96/01/2022}{}$ and assigned
Florida document number 1.22000251366	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
SENERGY - ST. AUGUSTINE, L.L.C.	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- f
(Principal office address MUST BE A STREET ADDRESS)	C:
	. 0 :
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addressed agent and/or the new registered office address here:	ess on our records, enter the name of the new registe
services of the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip 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.

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		□Remove	
		□Change	
		□Add	
		□Remove	
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
		□Add	
			□Remove
			□Change
			□Add
			□Remove
			□Change

	N/A
Effe If an a	ctive date, if other than the date of filing: (optional)
HUU	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 605.0207 in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the statutory filing requirements.
docı	ment's effective date on the Department of State's records.
e rec	ord 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 filed.
10 15	riied.
f>	d MAY 24 2023
Date	
	$\sim 10/4 \text{M/} \text{m}$
	Signature of a member or authorized representative of a member
	STEPHANIE D. HOLLIS, MGR.

Filing Fee: \$25.00