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(Reque	stor's Name)
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(City/Sta	ate/Zip/Phone #)
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(Busine	ss Entity Name)
(Docum	ent Number)
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COVER LETTER

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C1:0 IE770	UV ENERG	GY LLC			
SUBJECT	:	Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		DAVID YEROKHIN			
			Name of Person		 -
		UV ENERGY LLC			
			Firm/Company	<u> </u>	
		2904 107TH ST SE			
			Address		
		EVERETT, WA 98208			
		•	City/State and Zip Code		
		DAVID, YEROKHIN@HO	TMAIL.COM to be used for future annual	I novet natification	vo)
For further	information co	oncerning this matter, please c		repart memeric	,,,,
DAVID YI	EROKHIN			78-7588	
	Name o	^r Person	at () Area Code	Daytime Tek	ephone 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 en		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres egistration S		Street A Registr	<u>ddress:</u> ration Section	1
Di	vision of C	orporations	Divisio	on of Corpora	ntions
Р.	O. Box 632	7	The Ce	entre of Talla.	hassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUL 25 PH 4:51

UV ENERGY LLC

SECRETARY OF STATEMENT ALLAHASSET, FU

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on <u>07/19/2022</u>	and assigned
Florida document number 1.22000321029		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.I.C" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	ame of the new registered
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 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	<u>Address</u>	Type of Action
MGR	DAVID YEROKHIN	8511 MYSLAK WAY	■Add
		APT 1147	
		PENSACOLA, FL 32526	Change
			□Add
			□Remove
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ated	/25	/22	·	<u> </u>				
		A	\supset			-		
		11	-					
		Signati.	ire of a membe	r or authorized	l representative	of a member		

Filing Fee: \$25.00