## 122000366640

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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Cor			•					
NRG GLO								
SUBJECT:Name of Limited Liability Company								
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return all correspo	ondence concerning this matter	to the following:						
	Raksana Taptygina							
	-	Name of Person						
	Protax Center Inc		_					
		Firm/Company						
	1679 E 19th St Ste 2A							
	Address							
	Brooklyn NY 11229							
		City/State and Zip Code						
	info@protaxcenter.com  E-mail address; (to be used for future annual report notification)							
For further information c	oncerning this matter, please co	•						
Raksana Taptygina		718 645-0500						
Name of Person		at () Area Code Daytir	ne Telephone Number					
Enclosed is a check for the	he following amount:							
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Section Division of Corporations		Registration Section Division of Corporations						
P.O. Box 6327		The Centre of Tallahassee						

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NRG GLOI	BAL LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears o Jability Company)	on our records.)		
The Articles of Organization for this Limited L Florida document number $\frac{\text{L22000366640}}{\text{L22000366640}}$	iability Company	were filed on 08/19	9/2022	and assi	gned
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name o	of the limited liab	ility company here	:		
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the desi	gnation "LLC" or the	abbreviation "L.I	<del>.</del>
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7901 4TH ST N S	TE 300	· · · · · · · · · · · · · · · · · · ·	
		ST. PETERSBURG FL 33702			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office addre	registered office :	address on our rec	ords, <u>enter the na</u>	SECRETARY OF STATE TALLAHASSEE, 4	7022 SEP 13 AH 8:557
Name of New Registered Agent:	Registered Agents Inc.				
New Registered Office Address:	7901 4th St N S				
	Enter Florida street address				
	St. Petersburg		, 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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		<del></del>	□ Change
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			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_ (optional)

(If an 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. September 6th Signature of a member or authorized representative of a member SERGIO MAGARIK

Filing Fee: \$25.00

Typed or printed name of signee