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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KCO SERVICES, LLC

Account Number : I20200000018 Phone : (954)744-6605 Fax Number : (833)648-2730

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please! **

Email Address: greenergy official@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MATCHALI LLC

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FESTING E O YAM

KUBINET I

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

MATCHALI LLC					
(<u>Name of the Limits</u> (d Liability Company as A Florida Limited Liabili	it now appears on our ty Company)	records.)		
The Articles of Organization for this Limited Lia	ability Company were	filed on 02/20/200	13	and assigne	d
Florida document number L23000091684					
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability	company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability Co	ompany," the designation	on "LLC" or the al	obseviation "L L C "	
Enter new principal offices address, if applica	ible:				
(Principal office address MUST BE A STREE)	<u> </u>		[]		
	_			20741	
Enter new mailing address, if applicable:				F :	
(Mailing address MAY BE A POST OFFICE BOX)			<u>.</u>		
				<u> </u>	
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office addre <u>s hore</u> :	ess on our records.	enter the nan	င္မာ le of the new re	<u>zistere</u> c
Name of New Registered Agent:	KCO SERVICES	LLC			
New Registered Office Address:	3655 NW 115TH	AVE STE 17 Enter Florido stree	t address		
	DORAL		Florida <u>3</u>	3178	
		Zily		Zip Code	
New Registered Agent's Signature, if changing R	egistered 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

lf amendin or removed	dress of each person being added		
MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MARIA D VIANA	350 S MIAMI AVE	□Add
		APT 512	■Remove
		MIAMI, FL 33130	[] Change
MGR RUBE	RUBEN D OLIVARES PETIT	350 S MIAMI AVE	■Add
		APT 512	□Remove
		MIAMI. FL 33130	Change
			□ Add
			□Remove
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Offective date, if other than the fan effective date is listed, the date my Note: If the date inserted in this bedocument's effective date on the I	e date of filing:	filling) Pursuant to 605 0207
record specifies a delayed effecti d is filed	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b	The 90th day after the
	2024	
	1010H. Accupio	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	

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