## L23 000 120 019

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/State/Zip/Fitotie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000429180110

05/06/24--01035--023 \*\*55 50

24 MAY -6 PH 4 29

## **COVER LETTER**

	ision of Corp		•			
SUBJECT:	OCEAN SOLUTIONS ENERGY LLC					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company					
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
	DONALD SMITH					
			Name of Person			
			Firm/Company			
	150 ALLENS CREEK ROAD, SUITE 100					
	Address  ROCHESTER, NY 14618					
			City/State and Zip Code			
		don@afylaw.com  E-mail address: (	to be used for future annual report no	tification)		
For further in	formation co	oncerning this matter, please c	-			
DONALD S	мпн		585 729-1107			
	Name of	Person	at () Area Code Daytii	me Telephone Number		
Enclosed is a	check for the	e following amount:				
□ \$25.00 F	iling 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 tadditional copy is enclosed		
Mailing Address: Registration Section		Street Address: Registration So	ection			
Division of Corporations			Division of Corporations			
P.O. Box 6327			The Centre of			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		NS ENERGY LLC			
(Name of the Limited	Liability Compa A Florida Limited I	inv as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Lial	bility Company	were filed on03/15/2023	and assigned		
Florida document number L23000120019					
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	ility company here:			
NO CHANGE	<u> </u>				
The new name must be distinguishable and contain the wor	ds "Limited Liabil	lity Company," the designation "LLC" or the abb			
Enter new principal offices address, if applicable:		C/O EISNERAMPER			
(Principal office address MUST BE A STREET		505 SOUTH FLAGLER DRIVE, SUITE	900= 5		
	<u> </u>	WEST PALM BEACH, FL 33401	FS. 32 0		
Enter new mailing address, if applicable:		C/O EISNERAMPER	STATE LORID		
(Mailing address MAY BE A POST OFFICE BO	0X)	505 SOUTH FLAGLER DRIVE, SUITE 900			
	4.	WEST PALM BEACH, FL 33401			
B. If amending the registered agent and/or regagent and/or the new registered office address	<u>here</u> :	address on our records, <u>enter the name</u>	of the new registered		
Name of New Registered Agent:	Name of New Registered Agent: NO CHANGE				
New Registered Office Address:		Enter Florida street address			
	Florida				
<del></del>		City Zip Code			
New Registered Agent's Signature, if changing Re-	gistered Agent:				
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg	and complete cred agent as p	performance of my duties, and I am foorovided for in Chapter 605, F.S. Or, i	miliar with and f this document is		

If Changing Registered Agent, Signature of New Registered Agent

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

. 1 . . . ·

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TRAVIS DORSEY	505 SOUTH FLAGLER DRIVE	
		SUITE 900	□Remove
		WEST PALM BEACH, FL 33401	<b>■</b> Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			Change
		<del></del>	□Add
			□Remove
			□Change
<del></del>			□ Add
			□Remove
			□ Change

				. <u>.</u>	
	<del></del>	<del>_</del> _			
			<del></del>	<del></del>	
				<del></del>	<del></del>
<del></del>					
		<del></del> ·			<u></u>
<del></del>					
			-		
				<u> </u>	
<del></del> .					
	<u>.                                    </u>				
	<del></del>				
<del></del> :			<del>_</del>	<del></del>	
Effective date, if other	er than the date of filing , the date must be specific and	<u> </u>		(optional)	(05 0207 (2
Note: If the date insert	ed in this block does not m	neet the applicable	te of filing or more than statutory filing requir	ements, this date will not l	10 605.0207 (5) be listed as the
document's effective d	ate on the Department of S	tate's records.		-	
the record specifies a delator ord is filed.	yed effective date, but not	an effective time, a	at 12:01 a.m. on the ea	arlier of: (b) The 90th da	y after the
Dated APRIL 30		2024			
*	,	· ·			
_ 02	reald bu =	Smitte			
	Signature of a n	nember or authorized	representative of a mer	nber	
DONALD A	A. W. SMITH				
		Typed or printed nar	me of signee		_

Filing Fee: \$25.00