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

TO: Registration So Division of Con			
SUBJECT: Adar	renergy Contrac	ting & Engineer	ns LLC
30b3LC1.	Name of Lin	nited Liability Company	
			202:
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	2023 (CCT
Please return all correspo	ondence concerning this matter	to the following:	$\overline{\omega}$
]****
	Addysl	Mederos	- Δ - ω - Ν
		Name of Person	32
	Adarenergy	Contracting Q En	igineering LLC
		Firm/Company	
	PO Box 443	293	
		Address	
	Miami/F	Torida / 33144 City/State and Zip Code	
	a ddyc 33	City/State and Zip Code B@ Yahoo com	
		to be used for future annual report notif	ication)
For further information c	concerning this matter, please c	all:	
			_
	L. Mederos	at (305) 815-	2135
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
☑ \$25.00 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	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 13

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Adarenergy Contracting & (Name of the Limited		\sim
The Articles of Organization for this Limited Liability Company	were filed on August 09,	2023 and assigned
Florida document number	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
ADAR ENERGY LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	ae name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	

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.

City

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 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
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			□Change

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ective date, if other than the date of filing a effective date is listed, the date must be specific and term of the date inserted in this block does not rument's effective date on the Department of S	annot be prior to date of filing or more than set the applicable statutory filing requir	90 days after filing.) Pursuant to 605.020
record specifies a delayed effective of the 90th day after the record is filed.	ite, but not an effective time, a	at 12:01 a.m. on the earlier o
ed October 06	2023	
Æ.	ember or authorized representative of a me	