

000440139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

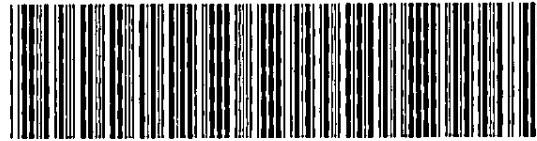
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
DEC 27 2024

Office Use Only



900441378849

FILED

2024 DEC 26 PM 12:41

FILED

2024 DEC 26 AM 11:16



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 12/24/24
Order #: 1732787-2
Re: Services Capital FI IV LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the typed name in the distribution list.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
120000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2024 DEC 26 PM 12:20

SERVICES CAPITAL FL IV LLC

(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 SEPTEMBER 22, 2023 and assigned Florida document number L23000440139.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CEG ICONERGY LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	BRYON KRUG	4040 N FAIRFAX DR	<input checked="" type="checkbox"/> Add
		SUITE 700	<input type="checkbox"/> Remove
		ARLINGTON, VA 22203	<input type="checkbox"/> Change
MGR	ADAM BURTON	4040 N FAIRFAX DR	<input checked="" type="checkbox"/> Add
		SUITE 700	<input type="checkbox"/> Remove
		ARLINGTON, VA 22203	<input type="checkbox"/> Change
MGR	MANAGEMENT SERVICES GROUP LLC	4401 N FAIRFAX DRIVE	<input type="checkbox"/> Add
		SUITE 700	<input checked="" type="checkbox"/> Remove
		ARLINGTON, VA 22203	<input type="checkbox"/> Change
AR	DAVID BRODY	4401 N FAIRFAX DR	<input checked="" type="checkbox"/> Add
		SUITE 800	<input type="checkbox"/> Remove
		ARLINGTON, VA 22203	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Dated DECEMBER 19 2024


Signature of a member or authorized representative of a member

DAVID BRODY, AUTHORIZED REPRESENTATIVE
Typed or printed name of signee