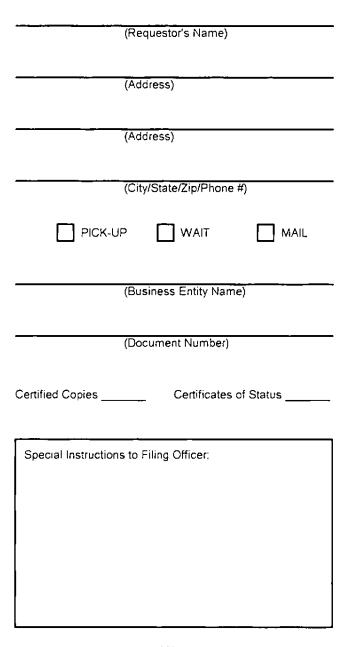
L24000 166092

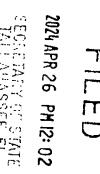


Office Use Only



900428389479

(04/26/24--010)3--008 **25.00



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of C	orporations		
Renova F	Power LLC		
50BJEC1.	Name of Limited Liability Company		
The enclosed Articles of	of Amendment and fec(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Jose Delgado		
		Name of Person	
	JD Business Consultant So	ervices	
		Firm/Company	
	33 N 6th st Suite 2		
		Address	
	Haines City, FL 33844		
		City/State and Zip Code	
	info@jdbusinessconsultant		
		to be used for future annual report n	otification)
For further information	concerning this matter, please c	all:	
Jose Delgado		863 289-5586 at ()	
Name	of Person		time Telephone Number
Enclosed is a check for	the 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 Addr Registration		<u>Street Address:</u> Registration S	<u> </u>
Division of	Corporations	Division of C	Corporations
P.O. Box 63	327	The Centre o	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

-ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>,</u>)				
The Articles of Organization for this Limited Liability Company were filed on (04/08/2024) Florida document number L24(XX)166992						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.IC."				
Enter new principal offices address, if applicable:	VICTOR MANUEL SOTO MAHONES					
Principal office address MUST BE A STREET ADDRESS)	1530 Scarbrough Abby pl	202! S.E.				
	SAINT CLOUD, FL 34771	2024 APR				
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>		26 PHIZ: 02				
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regi				
Name of New Registered Agent:	· <u>·</u> ·					
New Registered Office Address:	Enter Florida street address					
	. Flo	rida				
	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>	Address	Type of Action
			□Add
			□Remove
			□Change
			\Add
			□Remove
		,	☐Change
			□Add
			□Remove
			□Change
 			□Add
			Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change

"VICTOR MANUEL SOTO	D MAHONES"	,			·, - · ·		
					·		
				<u> </u>			
				<u></u>			
						· · ·	
		···	<u></u>				
					 -		
 				· · · ·			
ective date, if other than th	e date of filin	10,			(optional	١	
effective date is listed, the date mu	ust be specific and	d cannot be pric			days after filing	g) Pursuant to 605.	
te: If the date inserted in this bounent's effective date on the I				y mang require	nents, this date	e will not be liste	20 a
cord specifies a delayed effecti	ve date, but no	t an effective	time, at 12:01	a.m. on the ear	lier of. (b) T	he 90th day after	r the
s tiled.							
ed April 22		2024					
ea		·	·				
	· · · · · · /	,					

Typed or printed name of signee



JD Business Consultant 33 N 6th St Suite 2, Haines City, FL 33844 Phone: (863) 289-5586 Fax: 1(863) 884-1246

Email: info@jdbusinessconsultant.com



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

Dear Registration Section

We are writing to submit the necessary documentation for the amendment we are requesting. The purpose of this amendment is to include the full name of the owner, Victor Manuel Soto Mahones, in the relevant documents. We have carefully prepared all necessary documents to ensure compliance with regulations and requirements.

For any further inquiries or clarifications, please do not hesitate to contact us during office hours from Monday to Friday, from 10:00 am to 6:00 pm, at (863) 289-5586. You can also reach us via our email: info@jdbusinessconsultant.com.

We would appreciate it if you could send us an acknowledgment once the amendment has been formally filed. This will allow us to verify that the process has been completed properly and keep our records up to date.

Thank you in advance for your attention and cooperation.

Sincerely,

dose Delgado Davis

JD Business Consultant Services