

L24 000 254910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

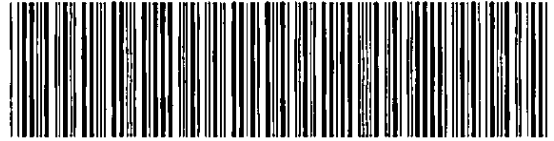
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUN 28 2024

Office Use Only



200431051032

2024 JUN 27 PM 11:26

RECEIVED

2024 JUN 27 PM 3:36

SECRETARY OF THE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$25.00_____

AUTHORIZATION SIGNATURE: _____


Energy Group USA LLC. L24000254910

BUSINESS (Name)

Document #

___ Walk in

___ Pick up time_____

___ Mail out

___ Will wait

___ Photocopy

___ Certified copies of:

___ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ Other

___ LLP

___ **INC**

AMMENDMENTS

___ **X** ___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Conversion

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

___ Foreign Filing

___ Limited Partnership

___ Reinstatement

___ Trademark

___ Other

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$25.00 _____

AUTHORIZATION SIGNATURE: _____ 

Energy Group USA LLC. L24000254910

BUSINESS (Name)

Document #

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

___ Certified copies of:

___ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ Other

___ LLP

___ INC

AMMENDMENTS

X Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Conversion

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

___ Foreign Filing

___ Limited Partnership

___ Reinstatement

___ Trademark

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ENERGY GROUP USA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN E. DELLOCA

Name of Person

MDELL CONSULTING CORP

Firm/Company

848 BRICKELL AVE. STE 1130

Address

MIAMI, FLORIDA 3313

City/State and Zip Code

mdelloca@mdellconsulting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTIN E. DELLOCA

305

6073493

at (_____) _____

Name of Person

Area Code

Daytime 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 Address:

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

Street Address:

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**

ENERGY GROUP USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 JUL 27 PM 11:27

The Articles of Organization for this Limited Liability Company were filed on 06/04/2024 and assigned Florida document number L24000254910.

This amendment is submitted to amend the following:

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

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:

848 BRICKELL AVE. STE 1130

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FLORIDA 33131

Enter new mailing address, if applicable:

848 BRICKELL AVE. STE 1130

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FLORIDA 33131

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:

BLUEMAX PARTNERS CORP

New Registered Office Address:

848 BRICKELL AVE STE 1130

Enter Florida street address

MIAMI

Florida

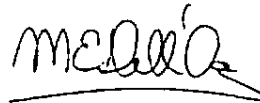
33131

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	Minetti Octavio Andres	848 BRICKELL AVE STE 1130	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Santangelo Walter Andres	848 BRICKELL AVE STE 1130	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33131	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 27

meda'o

Signature of a member or authorized representative of a member

MARTIN E. DELLOCA

Typed or printed name of signee

Filing Fee: \$25.00