PP1880001EJ

(Requestor's Name)
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COVER LETTER

TO: Registration Sec Division of Corp				
	ERGY GROUP LLC			
SUBJECT:	Name of Lim	ited Liability Company		
m		to be give		
	Amendment and fee(s) are sub	<u>-</u>		
Please return all correspon	ndence concerning this matter	to the following:		
	FRANCISCO J HIDALG	O MUNOZ		
		Name of Person		
	KOKU SINERGY GROU	P LLC		
		Firm/Company		
	3011 HARVARD CIRCL	E		
	-	Address		
	LABELLE, FL. 33935 US	6		
		City/State and Zip Code		
	frhidalgo@hotmail.com			
		to be used for future annual report no	otification)	
For further information co	oncerning this matter, please c	all:		
		at ()		
Name of	Person	at () Area Code Dayti	me Telephone Number	
Enclosed is a check for th	e 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 S		Street Address: Registration S	ection	
Division of C	orporations	Division of Co	orporations	
P.O. Box 632 Tallahassee, F			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (A Company were filed on July 11, 2024

The Articles of Organization for this Limited Liability Company were filed on _____ 11, 2024 and assigned Florida document number L24000288499 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: (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

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

Title	<u>Name</u>	Address	Type of Action
AMBR	FRANCISCO J HIDALGO MUÃ+OZ	3011 HARVARD CIRCLE	
		LABELLE, FL. 33935 US	□Remove
			■ Change
AMBR	FRANCISCO J HIDALGO MUNOZ	3011 HARVARD CIRCLE	■Add
		LABELLE, FL. 33935 US	□Remove
			□ Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove

	
-	
-	
f an effective date is listed, the date must be	ate of filing:
record specifies a delayed effective d d is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
	F H M
	gnature of a member or authorized representative of a member

Filing Fee: \$25.00