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7/26/24 KH

2024 JUL 18 AM II: 35 SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: KOKU S	INERGY GROUP LLC		
Substitute .	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jose Pereyra		
	<u>-</u>	Name of Person	
	Zu LLC		
	Middletown, Delawa	re 19709	
		City/State and Zip Code	
	docs@vulpeinc.com	to be used for future annual report notification)	
For further information of	concerning this matter, please ca	·	
jose pereyra		at (302) 4690768	
Name o	of Person	Area Code Daytime Telephone	Number
Enclosed is a check for the	ha following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee & \$\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{	60.00 Filing Fee.
பு323.00 Fining Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (1) 22 additional copy is enclosed)
			A 18 T
Mailing Address Registration	Section	Street Address: Registration Section	AHII SSEE.
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahasse	7 ATE 35

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our records.) I Liability Company)	
y were filed on June 26, 2024 and assigned	
bility company here:	
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 "LLC." 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 BON] 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 Enter Florida street address Enter Florida street address Florida City New Registered Agent's Signature, if changing Registered Agent: Underly accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wiffit the provisions of all statutes relative to the proper and complete performance of my duties, and I am faultiar with and a provisions of all statutes relative to the proper and complete performance of my duties, and I am faultiar with and a provisions of all statutes relative to the proper and complete performance of my duties, and I am faultiar with and a provisions of all statutes relative to the proper and complete performance of my duties, and I am faultiar with and a proper and complete performance of my duties, and I am faultiar with and a proper and complete performance of my duties, and I am faultiar with and a proper and complete performance of my duties, and I am faultiar with and a proper and complete performance of my duties, and I am faultiar with and a proper and complete performance of my duties, and I am faultiar with and a proper and complete performance of my duties, and I am faultiar with a male and a proper and complete performance of my duties.	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on June 26, 2024	
e address on our records, enter the name of the new register	
Enter Florida street address	
. Florida	
gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and so sprovided for in Chapter 605, F.S. Or, if this decument is	

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>	Type of Action
AMBR	FRANCISCO J HIDALGO MUÃ+OZ	3011 HARVARD CIRCLE	□Nodd
		LABELLE, FL. 33935 US	
AMBR	FRANCISCO J HIDALGO MUNOZ	3011 HARVARD CIRCLE	Z Add
		LABELLE, FL. 33935 US	Remove
			Change
			D\dd
			Remove
			Change
			Add
			Remove
			Change
			- SEC
			Temove -
			ANASSEE. ST
			FADAS
			Remove
			Change

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