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COGENCYGLOBAL*	Account#: 12000000088 If there are any issues please contact Patrice at
Date:08/29/2024	850-202-9071
Name: Patrice Rush	-
Reference #: 2476099	_
Entity Name: CYBERFUEI	S ENERGY, LLC
<ul> <li>Articles of Incorporation/Authorization</li> <li>Amendment</li> <li>Change of Agent</li> <li>Reinstatement</li> <li>Conversion</li> <li>Merger</li> <li>Dissolution/Withdrawal</li> <li>Fictitious Name</li> <li>Other</li></ul>	
Authorized Amount: \$25.00 Signature:	

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EUROPEAN HQ
 COGENCY GLOBAL (UK) LIMITED
 REGISTERED IN ENCLAND & WALES,
 REGISTRY #80107:2
 6 LLOYDS AVE, UNIT 4CL
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 F: +852.2682.9790

	<b>CY</b> GLOBAL <sup>®</sup>	115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 <b>P: 866.625.0838</b> <b>F: 866.625.0839</b> COGENCYGLOBAL.COM
00.00		Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071
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Authorized Amount	:\$25.00 (Pw/M	

•• CORPORATE HQ COGENCY GLOBAL INC. 10 E 40<sup>74</sup> ST, 10<sup>74</sup> FL NY, NY 10016 D: +1.212,947,7200 P: 800.221,0102 F: 800.944.6607

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EUROPEAN HQ
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 LONDON EC3N 3AX
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# **COVER LETTER**

### TO: Registration Section Division of Corporations

CyberFuels Energy LLC
SUBJECT:

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:

Erica Navarro

Name of Person

c/o Greenberg Traurig, LLP

Firm/Company

77 W. Wacker Drive, Ste 3100

Address

Chicago, IL 60601

City/State and Zip Code

navarroe@gtlaw.com

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

For further information concerning this matter, please call:

 Erica Navarro
 312
 978-7395

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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 A TO	MENDMENT		
ARTICLES OF OR	GANIZATION		
OF	GANIZATION	FIL	FD
		FIL 2024 AUG 29	
CyberFuels Energy LLC			<u>API 10: 07</u>
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	<u>as it now appears on our rec</u> o pility Company)	ords.)	
The Articles of Organization for this Limited Liability Company we	ere filed on <u>08/16/2024</u>		and assigned
florida document number 124000352733			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabilit</u>	<u>y company here</u> :		
		<u>.</u>	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L	LC" or the abbrev	iation "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)			
-	<u></u>		<u> </u>
		_	
B. If amending the registered agent and/or registered office ado agent and/or the new registered office address here:	iress on our records, <u>ent</u>	er the name of	the new registe
Name of New Registered Agent:			
New Registered Office Address:			
<u> </u>	Enter Florida street ada	Iress	
		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

### MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	Name	Address	Type of Action
MGR	John Lawrence	2401 PGA BLVD., SUITE 196	
		PALM BEACH GARDENS, FL 33410	🗆 Remove
		<u>.                                    </u>	□ Change
			🗆 Add
			🗆 Remove
			Change
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<u> </u>			
			🗆 Remove
			□Change

,

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

•	
•	
,	
Note:	tive date, if other than the date of filing:(optional) Tective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
f the reco ecord is fi	rd 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 iled.

Dated	August 28	2024
Trated		

Signature of a member or authorized representative of a member

\_ •

/s/ John Lawrence

Typed or printed name of signee

Filing Fee: \$25.00



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Erica Navarro 312 978-7395 at (\_\_\_\_\_ \_)\_ Name of Person Area Code Daytime Telephone Number

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