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## **COVER LETTER**

TO: Registration Sec Division of Corp						
SUBJECT:	Energing Name of Limit	LL C ted Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	_Thab iti	Tuchimbo Name of Person				
	<del> </del>	Firm/Company				
	7838 Pea	Le Cily Aue Address				
		City/State and Zip Code				
	thabititueh	o be used foldular and hual report notific	ation)			
For further information co	ncerning this matter, please ca	ılı:				
Thabiti Name of	Tychimbo	at (813) 258 (Daytime T	630© 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

FILED

Energina CLC (Name of the Limited Liability Con		2024 NO	IV 14 PM 2: 56
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appea ed Liability Company)		ASSEE FLORIDA
The Articles of Organization for this Limited Liability Compa	my were filed on _	9-9-24	and assigned
Florida document number <u>L24000393045</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company b	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the	designation "LLC" or the a	obbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our	records, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Addless.	Enter Flo	orida street address	
	, Florida		
	Ciţv		Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance o as provided for in	f my duties, and 1 am Chapter 605, F.S. Or	familiar with and ; if this document is
	oc address, i note	or conjuni men me n	amva nazmij

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>	Name	Address	Type of Action
AMBR	Thabiti Tyehimbo	7838 Peace City Ave	<b>X</b> Add
		wesley Chapel FL. 3354	S □Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
		<del></del>	□Change
			□ Add
		<del></del>	□Remove
			Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.) 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 11, 7, 24 Signature of a member or authorized representative of a member