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Division of Corporations

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From:

Account Name : INCFILE.COM LLC

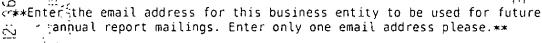
Account Number : I20220000070

Phone

: (888)462-3453

Fax Number

: (877)919-2613



٠,	Email	Address:	Ł

EFILE1234@INCFILE.COM

## PLLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOP SHELF ENERGY SOLUTIONS LLC

Certificate of Status	0
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M. SOLOMON

NOV 1 5 2024

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Tallahassee, FL 32314

## **COVER LETTER**

TO: Registration Se Division of Con			
	F ENERGY SOLUTIONS LL	C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	LOVETTE DOBSON		
		Name of Person	
	<del></del>	Firm/Company	<del></del>
	17350 STATE HWY 249	STE 220	
		Address	20.24
	HOUSTON, TX 77064		VOX
		City/State and Zip Code	
	EFILE1234@INCFILE.CO	M to be used for luture annual report notification	
For further information c	oncerning this matter, please c		2024 NOV 14 PM 4: 54
LOVETTE DOBSON		1 888-462-3453	. ,
Name o	of Person	Area Code Daytime Telep	hone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & E Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration	Section	Street Address: Registration Section	
Division of C P.O. Box 632	•	Division of Corporate The Centre of Tallah	

(((H24000377144 3)))

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our records hability Company)	. 1
Liability Company)	<u> </u>
were filed on 09/26/2024	and assigned
ility company here:	
ity Company," the designation "LLC"	or the abbreviation "L.L.C."
	20
	, <u>, , , , , , , , , , , , , , , , , , </u>
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<u> </u>	P :: 1
***************************************	1-11 VI
	the name of the new registered
Enter Florida Areet daaress	
	orida Zip Code
4·4	
ee to act in this capacity. I fur performance of my duties, an provided for in Chapter 605, I address, I hereby confirm tha	F.S. Or, if this document is
	ility company here:  lity Company." the designation "LLC"  Address on our records, enter  Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Conner Toth	1150 Nw 72nd Ave Tower 1 Ste 455 #18119	□Add
		Miami, FL 33126	=Remove
			Change
AMBR	Hayden Santucci	1150 Nw 72nd Ave Tower 1 Ste 455 #18119	□Add
		Miami, FL 33126	=Remove
			Change
	<del></del>	<u></u>	
			□ Remove  Property Stange  Add
			The Add
			□Remove
			□Change
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in effective date is listed, the date must be	ite of filing:  specific and cannot be prior to date of filing of does not meet the applicable statutory firment of State's records.	or more than 90 days after filing.) Pursuai	n to 605.020 he listed o
ecord specifies a delayed effective da	ate, but not an effective time, at 12:01 a.r	m. on the earlier of: (b) The 90th d	ay after the
is filed.			
is filed.  November 13th	. 2024		
is filed.  November 13th	2024  Laniel Sant mature of a member or authorized representat	uci	

Filing Fee: \$25.00