M1200000 6336

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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S TALLENT JUL 08 2019



Foreign with



June 3, 2019

DAVID WELLER ARK POWER DYNAMICS 1701 HWY A1A, STE 206 VERO BEACH, FL 32963

SUBJECT: ARK POWER DYNAMICS LLC

Ref. Number: M12000006336

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 319A0001;1.000

COVER LETTER

Division of Cor	porations		
SUBJECT:		1 DYNAMICS	
	Name of Foreign	Limited Liability Compa	iny
Dear Sir or Madam:			
The enclosed applicatio	n, certificate and fee(s) ar	re submitted for filing.	
Please return all corresp	ondence concerning this	matter to the following:	
() A	VID WELLE	R.	
	Name of Person		
AP	O conform	Ē	
	Firm/Company		
1701 4161	HWAY AIA, S	TR 206	
VERO BRA	City/State and Zip Code	2963	
DWELL	ENEAPOCORM	ONATE, COM V	
	used for future annual re		
For further information	concerning this matter, pl	ease call:	
DAVIO	WELLER :	ic 561, 26	7 -8909
Name o		Area Code & Daytime	Telephone Number
STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, Flo	porations Center Circle	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 sec. Florida 32314
	the following amount: \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee. Certificate of Status & Certified Copy

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TO: Registration Section

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

	•	Company as it appea			•	ent of	
State:	ARK	POWER	DYNAM	1165	LLC		
Enter new pri	ncipal office ado	dress, if applicable:					
(Principal off MUST BE A.	ice uddress STREET ADDI	RESS)					ا-ترد (105
(Mailing addr	iling address, if <u>cess</u> OST OFFICE I					7.7.7 7.7.7 7.7.7 7.7.7 7.7.7	-5 AM 8: 16
2. The Florida	document num	ber of this limited l	iability compar	ny is:	12000	006336	
3. Jurisdiction	n of its organiza	tion:	DRCA	WME			
4. Date autho	rized to do busi	tion: ness in Florida:	14-	NOV-	2012		
SECTION II 5. New name	(5-9 complete of the limited li	only the applicable ability company: _ (mu	e changes) RIOMA est contain "Lin	AC EV	VEA 6 Y ity Company,		īcŕ)
copy of the wi	ritten consent of	ernate name adopte the managers or m ty Company," "L.L	anaging memb	ers adopting	ncting business g the alternate	in Florida and at name. The alterna	tach a te name
		ngent and/or registe w registered office		ress on our	records, enter	the name of the n	<u>ew</u>
Name of New	Registered Age	<u>nt:</u>					
New Registere	ed Office Addre	<u>ss:</u>	 -		ri i c.		
				Enter	Florida Street		
		_		City	, Flo	orida Zip Code	,
I hereby accep	ot the appointme	ature, if changing R ent as registered ag- elative to the prope	ent and agree t	o act in this	s capacity. I fu ce of my dutie:	rther agree to cor s, and I am famili	nply with ar 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 the amendment c	hanges person, title or capacity in accord	dance with 605.0902 (1)(e), indicate tha	t change:
tle/ Capacity	<u>Name</u>	Address	Type of Actio
		····	Add
	-		Remo
	 -		Add
	-		Remo
			Add
	_		Remov
			Add
	_		Remov
			Add
Samuel of the country			Remov
aforementioned am	icate, if required: no more than 90 days endment(s), duly authenticated by the che law of which this entity is organized	official having custody of records in the	01-3 ¹
	Signature of the a	uthorized representative	02-300

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ARK POWER DYNAMICS LLC", CHANGING ITS NAME FROM "ARK POWER DYNAMICS LLC" TO "RIOMAR ENERGY LLC", FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF MAY, A.D. 2019, AT 11:30 O'CLOCK A.M.



Jeffray W. Butlech, Secretary of State

Authentication: 203109965