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	Account Number	: FCA000000023	
	Phone	: (614)280-3338	,
	Fax Number	: (954)208-0845	. ,
		s for this business entity to be used for ngs. Enter only one email address please.	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NRG RENEW LLC

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EXAMINER

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Help

## 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)

1. Name of limited liability Company as it appears	s on the records of the Florida Department of	
State: NRG Renew LLC		<del></del>
Enter new principal office address, if applicable:	100 California Street, Suite 400, San Francisco, CA, 9	<del>1</del> 111 ———
(Principal office address MUST BE A STREET ADDRESS)		<del>-</del>
Enter new mailing address, if applicable:	100 California Street, Suite 400. San Francisco, CA. 9	4111
(Mailing address MAY BE A POST OFFICE BOX)		
MAT DE A TOST OFFICE MAN		<b>2018</b>   00   -3
2. The Florida document number of this limited lie	M140(0006984	<u>.</u>
		=
3. Jurisdiction of its organization: Delaware		<u>~~</u>
4. Date authorized to do business in Florida: 09/2	9/2014	
SECTION II (5-9 complete only the applicable	changes)	
5 New name of the limited liability company:	learway Renew LLC st contain "Limited Liability Company, " "L.L.C.," or	
(mus	st contain "Limited Liability Company, " "L.L.C.," or	"LLC.")
copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.(		ernate name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our records, enter the name of a ddress here:	<u>ię new</u>
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida Street Address	<del></del>
	, Florida	ode
the provisions of all statutes relative to the proper	mt and agree to act in this capacity. I further agree to r and complete performance of my duties, and I am fo dered agent as provided for in Chapter 605, F.S. Or, in the registered office address, I hereby confirm the his change.	minur win if this at the limited
11.5	Thursday Degistered Agent Signature of New Register	ered Agent

le/ Capacity	Name	Address	Type of Actio
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aforementioned an	ficate, if required; no more than 90 d nendment(s), duly authenticated by t the law of which this entity is organi	he of field having custody of reco	

Filing Fee: \$25.00





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 'NRG RENEW LLC', CHANGING ITS NAME FROM "NRG RENEW LLC" TO "CLEARWAY RENEW LLC", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF SEPTEMBER, A.D. 2018, AT 6:46 O'CLOCK P.M.



Authentication: 203540204

Date: 10-03-18

## CERTIFICATE OF AMENDMENT SR 2018/86762873 - File Number 4656425

State of Delaware	Secretary of State	
Secretary of State	Bivision of Carporations	
STATE OF DELAWARE	Delivered	96:46 PM 09/20/2018
FILED	96:46 PM 09/20/2018	

•	NRG Renew LLC
The Certificate of Formation of the limas follows:	nited liability company is hereby amende
The name of the limited liability comp	pany is: Clearway Renew LLC
	,
	igned have executed this Certificate on
IN WITNESS WHEREOF, the unders the day of September	
the <u>17</u> day of <u>September</u>	, A.D. 2018.
the <u>17</u> day of <u>September</u>	, A.D. 2018.
the <u>17</u> day of <u>September</u>	, A.D. 2018.
the <u>17</u> day of <u>September</u> By:	