(Re	questor's Name)	
(Ad	dress)	.
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	<u> </u>
(Do	cument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to I	Filing Officer:	

Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Yallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 12/4/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1327183

ORDER ENTITY
UKA GREEN POWER LLC

PLEASE PERFORM THE FOLL	OWING SERVICES:
UKA GREEN POWER LLC	(FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, December 4, 2024

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 on the records of the Florida Department of	
State: UKA GREEN POWER LLC	
Enter new principal office 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)	
2. The Florida document number of this limited liability company is: M18000005765	3
3 Jurisdiction of its organization: DELAWARE	,
6. Date authorized to do business in Florida.	
SECTION II (5-9 complete only the applicable changes)	; ;
5. New name of the limited liability company: (must contain "Limited Liability Company," "L.L.C.," or "LLC.")	J
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company." "L.L.C." or "LLC.")	ie
6. It amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:	
Name of New Registered Agent: Kristy Walker	т. Эv/\
New Registered Office Address: 1002 SE Montered Commons Blvd. Finer Florida Street Address	H-500
New Registered Office Address: 1002 SE Monter of Cary Street Address Stock + Cary Street Address Cary Street Address Stock + Cary Street Address 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 or provided for in Chapter 805, F.S. Or, if this document is being filed to merely reflect a change in the hypogeneous office address, I hereby confirm that the limite liability company has been notified in writing of this change. If Changing Registered Agent, Signature of New Registered Agent.	ith '

Removing Daniel Dubois as a person authorized to manage and adding Wolfgang Gemot Gaughtz as a person authorized to manage				
itle/ Capacity	<u>Name</u>	Address Type	of Action	
ANAGING RECTOR	Daniel Dubois	1002 SE MONTEREY COMMONS BL VD Suite 300		
		STUART, FF, 34996	≣Rema	
MGR	Wolfgang Gernot Gauglitz	1002 SU MONTEREY COMMONS BLVD Saite 1001	≣∧dd	
		STUART, FL 34996	TRemo	
			⊒Add	
			E¹Remo	
			⊒Add	
			TRemo	
			JAdd	
aforemention	nder the law of which this entity is	d by the official having custody of records in the	∏.Remo	
	Gernot Gaughity 1401 640 JOE 2011 Signatur	e of the authorized representative		