M1210000006262

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Dipesa Energy LLC					
Name of Fore	ign Limited I	_iability Co	mpany		
Dear Sir or Madam:					
The enclosed application, certificate and fee(s	s) are submitt	ted for filing	g.		
Please return all correspondence concerning t	his matter to	the following	ng:		
Kathy Ballam					
Name of Person					
API Processing - Licensing, Inc.					
Firm/Company					
3419 Galt Ocean Drive, Suite A					
Address					
Fort Lauderdale, FL 33308				CD	
City/State and Zip Co	-de		_	•	
kathy@apiprocessing.com					
E-mail address: (to be used for future annu	al report noti	fication)	<u> </u>	;	
For further information concerning this matte	er, please call	;	2°		
Kathy Ballam	954 at ()	-0013		
Name of Person	Area C	lode & Dayt	time Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registr Division The Co 2415 N	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the followin ■\$25 Filing Fee □ \$30 Filing Fee & Certificate of Status	□ \$55 Fil	ing Fee & ed Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	ζ	

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 of	on the records of the Fl	orida Department of
State: Dipesa Energy LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liabi	lity company is: M210	00006262
Jurisdiction of its organization; Delaware		
4. Date authorized to do business in Florida: May 13		
SECTION II (5-9 complete only the applicable ch	anges)	
5. New name of the limited liability company: (must c	ontain "Limited Liabil	ity Company, " "L.L.C" or "LLC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C."	ging members adopting	ecting business in Florida and attach a game the alternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	officer address on our ress here:	records. enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida Street Address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent the provisions of all statutes relative to the proper and accept the obligations of my position as register document is being filed to merely reflect a change in liability company has been notified in writing of this	and agree to act in thi. nd complete performan ed agent as provided fo the registered office a	ce of my duties, and I am familiar with or or in Chapter 605, F.S. Or, if this

itle/ Capacity	<u>Name</u>	Address Ty	ne of Action
MGR	Pedro Jose Vallega	3336 Virginia Street	_⊟Add
		Coconut Creek, FL 33133	_ ≡ Remov
4GR ———	Borja Penalver Perez	16192 Coastal Highway	_ ■Add
		Lewes, DE 19958	□Remov
			_ 🗆 Add
			_ □Remov
			Remov
	2	.` □Adđ	
aforementio	a certificate, if required: no more ned amendment(s), duly authentic under the law of which this entity	cated by the official having custody of records in the	_ □Remov

Filing Fee: \$25.00