CDM-MOC-FORM: ANNEX 2

This annex is to be used by the focal point(s) for scope of authority (b) or by the submitting project participant when applicable, to request changes to project participant status and contact details of focal points following project/programme registration.

| Date of submission: | | 14/01/2022 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | | |
| Title of the project/programme of activities: | El Modelo Wind Farms | |
| Project/programme of activities reference number: | 9077 | |
| SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES | | |
| ☐ Add project participant entity ☐ Change legal name of project participant entity (if selected, indicate former name below) The following entity is hereby added as a project participant or is newly named in respect of the above CDM project / programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication. | | |
| Name of entity: ENEL BRASIL S.A. | | |
| Address: Praça Leoni Ramo número 1 24210205 NITERÓI Brazil | | |
| Former name of project participant entity (if applicable): ENEL BRASIL PARTICIPAÇÕES LTDA | | |
| Party (country authorizing participation): Brazil | | |
| End-date of participation: | | |
| Contact details (primary authorized signatory): | Mr. ☐ Ms. ☒ | |
| Last name: Soares | Telephone 1: | |
| First name: Thays Telephone 2 (option | | |
| Email: | Fax (optional): | |
| Specimen signature: Date (dd/mm/yyyy): | | |
| Contact details (alternate authorized signatory): | Mr. ☐ Ms. ☒ | |
| Last name: Dias | Telephone 1: | |
| First name: Gabriela Telephone 2 (optional): | | |
| Email: | Fax (optional): | |
| Specimen signature: | Date (dd/mm/yyyy): | |
| | | |
| Signature(s) of the focal point for scope of authority (b) Name of authorized signatory: | Signature | Date: dd/mm/yyyy |
| (Add lines for signatories as necessary. Only one signatory p | er focal point is required) | |

SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)

| The following entity is an existing project participant/foc programme of activities and hereby requests the followin ☑ Project Participant | 1 1 1 | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|
| Name of entity: ENEL GREEN POWER MODELO I EÓLICA S.A. | | |
| Address: PRAÇA LEONI RAMOS, 1 24210205 NITERÓI Brazil | | |
| Party (country authorizing participation): Brazil | | |
| Contact details (primary authorized signatory): | Mr. □ Ms. ☒ | |
| Last name: Soares | Telephone 1: | |
| First name: Thays | Telephone 2 (optional): | |
| Email: | Fax (optional): | |
| Specimen signature: | Date (dd/mm/yyyy): | |
| The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details: ☐ Focal Point | | |
| Name of entity: ENEL GREEN POWER MODELO II EÓLICA S.A | | |
| Address: PRAÇA LEONI RAMOS, 1 24210205 NITERÓI Brazil | | |
| Party (country authorizing participation): Brazil | | |
| Contact details (primary authorized signatory): | Mr. ☐ Ms. ☒ | |
| Last name: Soares | Telephone 1: | |
| First name: Thays | Telephone 2 (optional): | |
| Email: | Fax (optional): | |
| Specimen signature: | Date (dd/mm/yyyy): | |
| Signature(s) of the focal point for scope of authority (b) of Name of authorized signatory: | or the project participant to whom the changes apply (*) Signature Date: dd/mm/yyyy | |
| (Add lines for signotories as processors Only one signotories | on ontity is required.) | |
| (Add lines for signatories as necessary. Only one signatory per entity is required.) (*) In the case of programme of activities, this section shall be signed by the focal point(s) for scope (b) | | |
| (1) In the case of programme of activities, this section shall be signed by the focal point(s) for scope (b) | | |

DISCLAIMER: Any new representative for a focal point entity is understood to hold the same authority designated to him/her by the entity as that held by the previous signatory.

If a change to a project participant requested in this section is also applicable to a focal point entity, it is understood that the project participant and the focal point are the same legal entity, with the same legal registration in the respective jurisdiction.