(((H230001107683)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name ': REGISTERED AGENTS INC.

Account Number: 120090000081 Phone : (307)200-2803

Fax Number

: (855)330-1010

nterithe email address for this business entity to be used for future ែនិត្តារបនា report mailings. Enter only one email address please.** \(\frac{1}{2}\)

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|----|-------|----------|---|
| | Email | Address: | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SVR SOLAR LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

MAR 2 4 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SV | R | Sn | lar | П | \cap |
|----|---|----|-----|---|--------|
| | | | | | |

| (A Florida Limited Liability | Company) | | |
|---|---|-----------|-------------------------|
| The Articles of Organization for this Limited Liability Company were f | iled on 10/27/22 | and a | ssigned |
| Florida document number L22000463009 | | | C |
| This amendment is submitted to amend the following: | | | |
| • | | | |
| A. If amending name, <u>enter the new name of the limited liability co</u> | mpany nere: | | |
| SUN SOURCE ENERGY LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liability Com | pany," the designation "LLC" or the abbre | viation " | L.L.C." |
| Enter new principal offices address, if applicable: | | ··· | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| i | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | <u>,, -</u> | | |
| | , | • . | ÷ 03 |
| | | ~ | |
| B. If amending the registered agent and/or registered office address | s on our records, <u>enter the name o</u> | of the no | ew ^S registe |
| agent and/or the new registered office address here: | | | .ω - · |
| | | • | (|
| Name of New Registered Agent: | | - | ∾ |
| New Registered Office Address: | | - ' | വ ഗ |
| New Registered Office Address. | Enter Florida street address | | |
| | 121 - 2.1 . | | |
| - Cit | c | Zip Code | • |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| | | | |
| I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor | | | |
| accept the obligations of my position as registered _t agent as provide | | | |
| bains filed to manch rolling a abance in the remissioned affice address | | | |

being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------------------|--------------------------|------------------|
| MGR_ | Zentech Holdings | 7901 4th St N STE 300 | XJAdd |
| | | St. Petersburg FL 33702 | 2 □Remove |
| | | | □Change |
| AMBR | Walker, Joshuah | 7901 4TH ST N STE 300 | EAdd |
| | | ST. PETERSBURG, FL 33702 | <u>X</u> Remove |
| | | | [] Change |
| | | | TAdd |
| | | | □Remove |
| | | | []Change |
| | | | E)Add |
| | | | IRemove |
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| | | | □Remove |
| | | | _ □Change |

| | ung any onter information, effer change(s) here: (Attach adamonal sheets, 1) necessary.) |
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| L' L'ffastive | date, if other than the date of filing:(optional) |
| Of an effect Note: If | tye date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records. |
| If the record s record is filed | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | 03/23 . 2023 . |
| | Signature of a member or authorized representative of a member |
| | ROBIN JONES Typed or printed name of signee |

Filing Fee: \$25.00