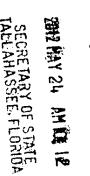
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(Requestor's Name)				
(Address)				
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T. CLINE

MAY 25 2012

EXAMINER

COVER LETTER

TO: Registration Security Division of Corp				
SUBJECT:	Solar B	uilding 3, LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
		Guy D Sperduto		-
		Name of Person		
Guy D Sperduto CPA				
	-			
	896	3 Stirling Road Ste 101		
Address			-	
Cooper City FL 33328			_	
		City/State and Zip Code		AS S
	E-mail address: (to be used for future annual report noti	fication)	PCR TO
For further information co	oncerning this matter, please o	•	ŕ	MIZ MAY 24 SECRETARY C
Guv	D Sperduto	at (_954_)	432-0272	m-
Name of		Area Code & Daytin	ne Telephone Numbe	A A C
Enclosed is a check for th	ne following amount:			DE TO
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certifie	ate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	Solar Building 3, LLC		
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on	02/04/2003	and assigned
Florida document number L0300000)4243		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			<u>S</u>
		Ar	
Enter new mailing address, if applicable:			TO DO THOMAS
(Mailing address MAY BE A POST OFFICE	E BOX)	38	27 7
		ل <u>د</u> 	₹ M
B. If amending the registered agent and	l/or registered office address on	our records, enter	re name of the new
registered agent and/or the new registered of	omce address nere:		-
Name of New Registered Agent:	Guy D Sperduto CPA		
New Registered Office Address:	8963 Stirling Road Ste 10	1	
	E	nter Florida street addr	ress
	Cooper City	, Florida	33328
	City		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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action Title** <u>Name</u> **Address** MGRM James Fowler 11003 Bostom Dr ☐ Add ✓ Remove Cooper City FL 33026 Guy D Sperduto MGRM 8963 Stirling Road Ste 101 ✓ Add Remove Cooper City FI 33328 ☐ Add Remove ☐ Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar) Dated $\nu a \mathcal{M}$ Signature of a member or arthorized representative of a member

Typed or printed name of signee
Page 2 of 2

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Filing Fee: \$25.00