

204 0000 22199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

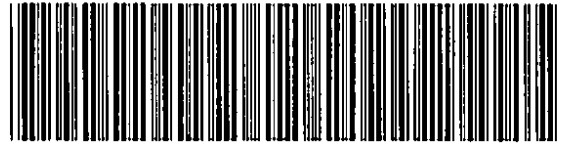
(Business Entity Name)

(Document Number)

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09/02/20--01018--009 **25.00

2020 SEP -2 PM 6:24

CTIONS

OCT 13 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Moss & Associates, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gwendolyn Forster

Name of Person

Moss & Associates, LLC

Firm/Company

2101 North Andrews Avenue

Address

Fort Lauderdale, FL 33311

City/State and Zip Code

gforster@mossem.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gwendolyn Forster

954

448-0445

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

L0400022199

Moss & Associates, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/23/2003 and assigned
Florida document number L0400022199.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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)

B. If amending the registered agent and/or registered office 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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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 605, 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 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

LOOSE -2 P: 6:24

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Desharnais, Scott A.	2101 North Andrews Avenue	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Cabello, Robert	2101 North Andrews Avenue	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Chang, Stephen	2101 North Andrews Avenue	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Ciampini, David	2101 North Andrews Avenue	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Burton, David	2101 North Andrews Avenue	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Clark, Jason M.	2101 North Andrews Avenue	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> 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

2020 Sep -2 PM 6:24

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AVP/PE	Krause, John C.	2101 North Andrews Avenue	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP/EHS, Solar	Niemiller, Jason	2101 North Andrews Avenue	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP, Solar	Zahariadis, Andreas	2101 North Andrews Avenue	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP / AS / Deputy General Counsel	Gessner, Kimberly A.	2101 North Andrews Avenue	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33311	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
SVP, Solar	Perkins, Edwin	2101 North Andrews Avenue	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33311	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP / PX, Solar	Wilson, Wade W.	2101 North Andrews Avenue	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33311	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change Titles as follows:

Mazza, Michael J.: President, Mid-Florida, Texas, California and Hawaii

Rogers, Douglas: Vice President, Hawaii

Wobby, Daniel: Senior Vice President, Chief Strategy Officer

Slater, Richard: Vice President

Wilson, Wade W.: Vice President / PX, Solar

Wilson, Brad: Vice President, Solar

Gessner, Kimberly A.: Vice President / Deputy General Counsel / Assistant Secretary

McAllister, Andrew: Co-President, South Florida Region (correct spelling of "Florida")

Wetherington, Brian: Vice President

Niemiller, Jason: Vice President / Environmental, Health & Safety, Solar

Sochacki, Mark: Vice President, Solar

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

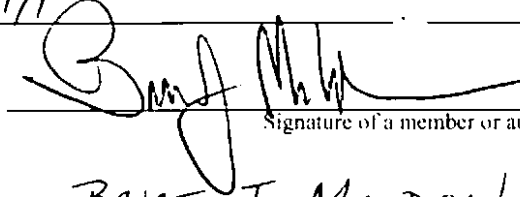
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

9/1

2020



Signature of a member or authorized representative of a member

BRUCE J. MOLDOW

Typed or printed name of signee