L07000114579

(Requestor's Name)			
. · (Address)			
(Address)			
·			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
· · · · · · · · · · · · · · · · · · ·			
Special Instructions to Filing Officer:			

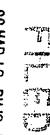
Office Use Only



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03/13/09--01905--010 **86.25

SECRETARY OF STATE





February 20, 2009

CARLOS M PENICHET 1393 SW 1 STREET SUITE 420 E MIAMI, FL 33135

SUBJECT: SOLAR UNION, LLC Ref. Number: L07000116579

We have received your document for SOLAR UNION, LLC and check(s) totaling \$86.25. However, your check(s) and document are being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 109A00005973

Suzanne Hawkes Regulatory Specialist II

COVER LETTER

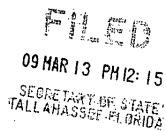
TO: Registration Section Division of Corporations		
SUBJECT: Solar Union, LL	<u>_</u>	
SUBJECT: Solar Vaisa, LL (Name of Limit	ited Liability Company)	
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Can	Name of Person)	
		
	Solan Union (Firm/Company)	
1393	SW 1 STALLT Suite 4208 (Address)	<u> </u>
	Miani FL 33135 (City/State and Zip Code)	
	(City/State and Zip Code)	
For further information concerning this matter, please c	all:	
(Name of Person)	at (305) 812-2223	
(Name of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the following amount:		
\$25.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MALLING ADDRESS.	etdeet/coudied	A DDDESS.

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



<1. us 11/		TALLAHASSEF PLONIDA
Name of the Limited Liability Compania (A Florida Limited Liability Compania)	y as it now appears on our	records.)
(A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L07000116579</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words "Limite		
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the o	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1393 SW 15T 5	TallT
(Principal office address MUST BE A STREET ADDRESS)	Suite 420 B	
	Minni FL 3	313.5
Enter new mailing address, if applicable:	1393 SW 13T S	TallT
(Mailing address MAY BE A POST OFFICE BOX)	Suite 420B	
	1393 SW 1ST S Suite 420B Minni, FL 3	3135
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		rds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	(Futer Flor	ida street address)
	·	
	(City)	, Florida(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 ameriding 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

<u>Title</u> Name <u>Address</u> **Type of Action** Michael To Stovall MGR 1343 SW 157 STATET SNITE 420B MIMI FL 33135 Canlos M. Princhit 1393 SW IST STAILT DWNIR 54172 420B Miani, FL 33135 Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March Dated___ Signature of a member or authorized representative of a member O ANOCH. PENICHET.
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00