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SECRETARY OF STATE

D. BRUCE

AUG 0 8 2012

EXAMINER

COVER LETTER

TO: VRegistration Section Division of Corporations	
SUBJECT: SACHIONA SOLAR ENERGY MARKETING, L.L.C 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:	
IONA IRVING Name of Person)
SACHIONA SOLAR ENERGY MARKETING, L.L.C	;
2805 E OAKLAND PARK BLVD, #398	
FORT LAUDERDALE, FLORIDA, 33306 City/State and Zip Code	TALL
Sachiona@hotmail.com E-mail address: (to be used for future annual report notification)	FILED AUG -7 AH (1:37) CRETARY OF STATE AHASSEE, FL CAUD
For further information concerning this matter, please call:	FILED -7 MH II -7 MH II ARY OF STATEMENT
Name of Person at (954) 696-734 Area Code & Daytime Telephone	Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sin \text{	0.00 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SACHIONA SOLAR ENERGY MARKETING, L.L.C

(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 Liab Florida document numberL080000108		y were filed on	01/30/2008	and assigned
This amendment is submitted to amend the follow	ving:			· ·
A. If amending name, enter the new name of t	he limited lia	bility company he	<u>re</u> :	
wo	RK & SEF	RVICES, L.L.C.		
The new name must be distinguishable and end with "L.L.C."	the words "Lin	nited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applical	ole:	n/a		
(Principal office address MUST BE A STREET ADDRESS)				12 ALL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		n/a		FILE -7 A TARY O ASSEE.
			,	PRIORIES
B. If amending the registered agent and/or registered agent and/or the new registered office			our r e cords, <u>enter th</u>	ne name of the new
Name of New Registered Agent:	n/a			
New Registered Office Address:	n/a			I
		E	ıter Florida street addr	ess
		n/a	, Florida	n/a
		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:

	<u>Name</u>	Address	Type of Action
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	/		Remove
_	MA		Add Remove
	NA		Add
	/ //		— · ·
_	N/H		Add Remove
	MA		Add
	12		Remove
_	NA		Add Remove
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	July 27th	er change(s) here: (Attach additional sheets, if necessary.)	ECRETARY LLAHASSE
men	NJA	7 , <u>2012</u> Junto	<u>. (1) </u>

Page 2 of 2

Filing Fee: \$25.00

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