

LO8000099116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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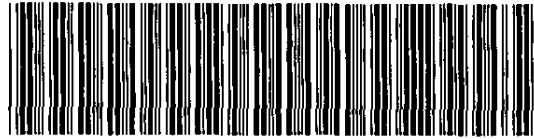
(Business Entity Name)

(Document Number)

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15 JUL 24 PM 12:48
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15 JUL 24 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 24 2015

J SHIVERS

COVER LETTER

**TO: Registration Section Division of
Corporations**

SUBJECT: PREMIUM SOLAR, 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:

MATT MATHEWS, ATTORNEY AT LAW

Name of Person

MATHEWS LAW FIRM, P. A.

Firm/Company

277 PINEWOOD DRIVE

Address

TALLAHASSEE, FLORIDA 32303

City/State and Zip Code

daveclay@comcast.net

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

For further information concerning this matter, please call:

MATT MATHEWS, ATTORNEY AT LAW

Name of Person

at (850)

Area Code

681-9303

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

PREMIUM SOLAR, 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 OCTOBER 21, 2008 and assigned
Florida document number L08000099116.

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:

5192 WOODLANE CIRCLE

(Principal office address MUST BE A STREET ADDRESS)

TALLAHASSEE, FLORIDA 32303

Enter new mailing address, if applicable:

5192 WOODLANE CIRCLE

(Mailing address MAY BE A POST OFFICE BOX)

TALLAHASSEE, FLORIDA 32303

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	WILLIAM DAVID CLAY	1209 ELM ROAD	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FLORIDA 32304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TERRY W. FORREST	4808 WOODLANE CIRCLE	<input type="checkbox"/> Add
		TALLAHASSEE, FLORIDA 32303	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	HAYIM V. RAZON	4808 WOODLANE CIRCLE	<input type="checkbox"/> Add
		TALLAHASSEE, FLORIDA 32303	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

(b) The 90th day after the record is filed.


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

MATT MATHEWS, ATTORNEY AT LAW

Typed or printed name of signee

SECRET
OFFICE OF THE
ATTORNEY GENERAL
FLORIDA

15 JUL 84 PM 12:48

APPROVED
AND
FILED