## 6000/03228

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(Address)				
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SECRETARY OF STATE

T. CLINE
JUL 10 2009
EXAMINER

## **COVER LETTER**

TO: Registration Division of C	i Section Corporations			
SUBJECT:	CHIC Solar Name of Limi	c 200		
	Name of Limi	ted Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Richan	el Sullivan	<del></del>	
	Chi	Name of Person  C Solar LLC		
		Firm/Company		
	PO BOX	SC 9/	2009 FAL	
	Braclenton	Address  F. 3428/ City/State and Zip Code  Solar marketers.	SECRETARY OF STATE SECRETARY OF STATE FALLAHASSEE, FLORID	
	Richard	City/State and Zip Code Solar marketers.	COM FF	1
For further information	E-mail address: (to n concerning this matter, please c	o oc used for future annual report notified	tion) I. ORIG	 -
	,	at (941) 545-	339	
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_	or 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 enclose)	sed)

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

CHIC Solo	in the			
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our a Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability		2008 and assigned		
Florida document number <u>408006/032</u> 2	<u> </u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	nited liability company here:			
Solar Markete				
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the d	lesignation FG or abbreviation		
Enter new principal offices address, if applicable:		3>		
(Principal office address MUST BE A STREET ADI	ORESS)	SSEE S		
		OF STATE		
Enter new mailing address, if applicable:		器。		
(Mailing address MAY BE A POST OFFICE BOX)				
Maning university 192711 001 01 1102 19037				
		<u> </u>		
B. If amending the registered agent and/or reg		rds, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florid	Enter Florida street address		
		Florida		
<u></u>	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 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 = Ma MGRM = N	nager Nanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			r-1 ··
			ZORD ZORD ZORD ZORD ZORD ZORD ZORD ZORD
			TARY OF S
			DA dd
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	
_			
Dated	6/29/2009	·	
	Signature of a member Richa	or or authorized representative of a member	
	Typer	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00