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(Requestor's Name)
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COVER LETTER

TO: Registration Section

Division of Cor	rporations	•	
	ENERGIES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JAMIE CLARK		
		Name of Person	
	ACCOUNTING ASSOCT	ΓES	
		Firm/Company	
	611 26TH STREET WES	r	
		Address	
	BRADENTON FL 34205		
		City/State and Zip Code	
	associatejamie@aol.com	to be used for future annual report no	vitication)
For further information c	oncerning this matter, please c	•	arcaton,
	oncerning and matter, predace c		
JAMIE CLARK		941 748-4556 at ()	
Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLTECH ENERGIES LLC

4.29 Úc. 10 E. 5: 55

(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 Liabiliforida document number L08000116369		2008 and assigned
This amendment is submitted to amend the following	ıg:	
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 desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our reco re:	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida :	ttreet address
<u>_</u>		, Florida Zip Code
	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 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>	Address 4200 17 27 5:55	Type of Action
AMBR	MICHAEL BIXBY	6810 36th AVE EAST BRADENTON FL 34208	≣ Add
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			□Change
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fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depar	specific and cannot be pri does not meet the appl	icable statutory filing re-	(optional) han 90 days after filing.) quirements, this date v	Pursuant to 605.020' vill not be listed as
ecord specifies a delayed effective da is filed.	te, but not an effective	time, at 12:01 a.m. on the	ne earlier of: (b) The	90th day after the
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