L09000037006

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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FILED

09 JUN -8 PH 2: 11

SECRETARY OF STATE TALLIAHASSEE, FLORIDA

J. BRYAN

JUN - 9 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	BRITE SI	KY SOLAR, LLC			
30 00 000.		ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		GRETA M. CARTER	3 . O		
	,	Name of Person	T PER ST		
	BR	RITE SKY SOLAR, LLC	O9 JUN-8 PH 2: 11 SECRETARY OF STATE ALLAHASSEE, FLORI		
		Firm/Company	SEE P. II		
	8613 OLD KIN	GS ROAD SOUTH, BUILDIN	IG 500 FEST ?:		
		Address	ORIE -		
	IACKS	ONVILLE, FLORIDA 32217			
		City/State and Zip Code			
	GF	GRETA@1ZEROC.COM			
	E-mail address: (to be used for future annual report notifica	ation)		
For further information	concerning this matter, please of	call:			
GRE	TA M. CARTER	#6 (/	99-5883		
Name	of Person	Area Code & Daytime	l'elephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

BRITE SKY SOLAR, LLC

FILED PH 2: 1

(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 Li	ability Company	were filed on	04/16/2009	and assigned
Florida document numberL09000037	<u> </u>			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :	
	N/A	١		
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	N/A			
(Principal office address MUST BE A STREET ADDRESS)		N/A		
·		N/A		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)		N/A		
		N/A		
B. If amending the registered agent and/or the new registered of Name of New Registered Agent:			our records, enter t	he name of the new
<u> </u>	N/A			
New Registered Office Address:	11/7	Enter Florida street address		
		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 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SCOTT K THOMAS	1659 BROOKSIDE CIR E JACKSONVILLE, FL 32207	Add Remove
<u>MGRM</u>	CHRIS SOCHALSKI	1141 KENDALLTOWN BLVD JACKSONVILLE, FL 32225	☐ Add ☑ Remove
MGR	DONNA THOMAS	1659 BROOKSIDE CIR E JACKSONVILLE, FL 32207	Add Remove
MGRM	JAMES L CARTER	8613 OLD KINGS ROAD SOUTH BUILDING 500 JACKSONVILLE, FL 32217	Add Remove
MGR	SCOTT K THOMAS	1659 BROOKSIDE CIR E JACKSONVILLE, FL 32207	✓ Add Remove
MGR	CHRIS SOCHALSKI	1141 KENDALLTOWN BLVD JACKSONVILLE, FL 32225	✓Add Remove
D. If amend	ding any other information, enter ch	hange(s) here: (Attach additional sheets, if necessar	y.)
		;·	FILED 09 JUN-8 PH 2: II SECRETARY OF STATE FALLAMASSEE, FLORID
Dated	JUNE 1	2009	Эй —
	Signature of a me	ember or authorized representative of a member	
	T	GRETA M. CARTER yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00