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T. HAMPTON

JUL 3 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jacksonville Solar Power, 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:
Casie Schweitzer Name of Person
Slott, Barker & Nussbaum
334 East Dural St.
Jacksonville, F132246 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Casie Schweitzer at (904) 334-7242 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{25.00}\$ \text{Filing Fee} \text{\$\sum_{\$30.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$0.00\$ \text{Filing Fee} \$\sum_{\$0.00\$ \text{\$\sum_{\$0.00\$ \text{\$\sum_{\$0.

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**

Sacksonville Solar (Name of the Limited Liability Compar (A Florida Limited L	Pou	ver, a	LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now : Jiability Com	appears on ou pany)	<u>ır records.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number <u>LO9000071760</u>	were filed o	n_7/a	4/09	and assign	ied
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liable Sola The new name must be distinguishable and end with the words "Limited liable and end with the words "Limit			LLC e designation "Ll	LC" or the abb	reviation
"L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_So	me	N/A	O9 JUL 3	SECREIT O
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Sa_	me	N/A	MII: 4	F CORPORATION
Muning dualess MAT BE ATOST OF FICE DOAY					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s on our re	cords, <u>enter th</u>	ne name of t	he new
Name of New Registered Agent:	me	NIA	t		
New Registered Office Address:		Enter Flo	rida street addr	·	
		2,110, 110,	, Florida		
	City		, r ioriua	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, <u>enter the title, name, and address of each Manager or Managing, Member being added or removed from our records</u>:

MGR = MGRN	= Manager 1 = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of A	<u>Action</u>
			Add Remov	'e
			Add Remov	'e
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			□Add □Remove	e
			Add Remove	e
D. If a	mending any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	09 JUL 30 <i>1</i>	SECRETARY OF DIVISION OF CORP
		- 0	- 4 - 4) OF STATE PORATIONS
Dated _	Signature of a mem			
	Casi	e Schweitzer sed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00