## L09000088829

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J4/2023

Change Au SUBJECT:	torized Person Detail				
	Name of Limite	ed Liability Company	<u> </u>		
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.			
Please return all correspo	ondence concerning this matter to	the following:			
	James Roark				
		Name of Person			
	Roark Solar LLC				
		Firm/Company			
	5681 Derek Ave, Unit 6				
Address					
	Sarasota, FL 34233				
		City/State and Zip Code			
	Office@roarksolar.com				
	E-mail address: (to	be used for future annual report no	otification)		
For further information c	oncerning this matter, please cal	<b>l</b> :			
Jim Roark		941 376-3016 at ()			
Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status  LORIDA PEPARTM	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  ENT OF STATE	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
Mailing Address Registration S	Section	Street Address: Registration S			
Division of Corporations		Division of Corporations			

P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF



Roark Solar LLC

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(Name of the Limited (A	Liability Company as it now appears on o Florida Limited Liability Company)	<u>ur records.)</u> Stulica
,	Liability Company as it now appears on o Florida Limited Liability Company)	TALLALIASSEE, FL
The Articles of Organization for this Limited Liab	ility Company were filed on $\frac{9/15/200}{1}$	and assign
Florida document number L09000088829		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
	4,	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		·
B. If amending the registered agent and/or reg agent and/or the new registered office address		ls, <u>enter the name of the new re</u>
Name of New Registered Agent:		
Name Banjaranad Office Address		
New Registered Office Address:	Enter Florida sti	reet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this change in the region of the	and complete performance of my a cred agent as provided for in Chapt gistered office address, I hereby co	duties, and I am familiar with a ter 605, F.S. Or, if this docume

## or removed from our records:

. . MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Ac
President	Clayton Cowell		□ Add
		4548 Brooksdale Dr. Sarasota, FL 34232	\=Remove
			□ Change
MGRM	RM Clayton Cowell 4548 Brooksdale Dr., Saras	4548 Brooksdale Dr, Sarasota, FL 34232	
			□Remove
			Change
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			Remove
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Effective date, if other than the d If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicab	date of filing or more than 90 le statutory filing requiren	(optional) days after filing.) Pursuant to 605.0 nents, this date will not be listed
e record specifies a delayed effective order is filed.	date, but not an effective time	e, at 12:01 a.m. on the earl	lier of: (b) The 90th day after
November 10 Dated	2002		
1 . 2	ignature of a member or authori		
S	ignature of a member or authori	and representative of a memb	45
/	ignature of a manufact of addition	red representative of a memo	<b>.</b>