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APR 07 2020

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Charles Clifford Financial, 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:
Charles C. Ramus Ja.
Charles CLIFFERD FINANCIA! 11C Firm/Company #1404 1002 5. HARBUR ISL BLVd. Address
City/State and Zip Code Ramus 16 Everizon. Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 813 426-6291 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$555.00 Filing Fee & \Bigcup \$60.00 Filing Fee, \Bigcup \$25.00 Filing Fee & \Bigcup \$60.00 Filing Fee, \Bigcup \$25.00 Filing Fee & \Bigcup \$25.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Larries CLAFFORD FINANCIAL LLC.	
hartishes of Orugnization for this Limited Liability Company were filed on 4/08/2010 and animal	٠.
he Articles of Organization for this Limited Liability Company were filed on $\frac{4/08/2010}{1000000000000000000000000000000000$,
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here: SOURCE I SOLOR LLC the new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C."	_
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	_
	_
. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new regis</u> gent and/or the new registered office address here:	tered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	_
, Florida	
City Zip Code	
ew 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 Changing Registered Agent, Signature of New Registered Agent

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	Type of Action
			□ Add
			□ Remove
			□Change
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an eff iote:	(optional) ective date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
τecor d is ti	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	March 27, 2020
	Signature of a prember or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00