## L10000049558

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SECRETAS OF SIATE DIVISION OF CERPORATION

T. HAMPTON
MAY 17 2010
EXAMINER

## **COVER LETTER**

TO: Registration Division of C	Section Corporations					
SUBJECT:	STC	SOLAR, LLC				
Jobacci.		nited Liability Company	<del> </del>			
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.				
Please return all corres	spondence concerning this matter	er to the following:				
	Neil Schaffel, Esq. Name of Person					
Neil Schaffel, P.A.						
		Firm/Company				
	3300	University Drive, Suite 604				
		Address				
	C	oral Springs, FL 33065				
		City/State and Zip Code	· (1)			
	E-mail address:	neil@schaffel.com (to be used for future annual report not)	fication)			
For further information	concerning this matter, please	call:				
	l Schaffel, Esq.	at ( 954 )	340-3311			
Name	of Person	Area Code & Daytim	e Telephone Number			
Enclosed is a check for	the 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 ADDRESS: Registration Section Division of Corporations		STREET/COURI Registration Sectio Division of Corpor	n			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Ce Tallahassee, FL 32	nter Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		DLAR, LLC			
(Name of the Limite	d Liability Com	npany as it now app	ears on our records.)		
(	A Piorida Linine	ed Liability Company	Y)		
The Articles of Organization for this Limited 1	Liability Compa	any were filed on _	May 7, 2010	and assigned	
Florida document number L1000004	19558 <sub>.</sub>			ත් ර	
	· · · · · · · · · · · · · · · · · · ·				
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name	of the limited l	iability company l	<u>iere</u> :		
	N	N/A			
The new name must be distinguishable and end w "L.L.C."	rith the words "L	imited Liability Con	npany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if appli	cable:	N/A		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>			
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	E BOX)			_	
	· <del></del>				
B. If amending the registered agent and	or registered	office address or	n our records, <u>enter t</u>	he name of the new	
registered agent and/or the new registered (	office address l	<u>nere</u> :	<del></del>		
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
New Registered Office Address.			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 Changing Registered Agent, Signature of New Registered Agent

IPamending 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	Charles Treister	1624 Micanopy Avenue Miami, FL 33133	Add Remove
MGR_	Charles Treister	1624 Micanopy Avenue Miami, FL 33133	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information	, enter change(s) here: (Attach additional sheets, if necessary.	)
			SEGRETART OF STATE  PIVISION OF CORPORATION  10 MAY 14 PH 12: 67
Dated	May 11		- ON THE SHORT
		heal Soughlan Ess	O,
	Signatu	re of a member or authorized representative of a member	
		Neil Schaffel, Esq.  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00