Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000036577 3)))



H140000365773ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : 120100000009

Phone

: (305)599-0839

Fax Number

: (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
-------	----------	--	--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUN POWER TECHS, LLC.

RECEIVED
FEB 13 AM 6: 40
ECHERALY OF STATE

DOI11 4 71 221 2 - 4:00	**********
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY EXAMINER FEB 1 4 2014

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
2014 FEB 13 AM 11: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SUN POWER	TECHS, LLC		
(Name of the Lim	A Florida Limited	ny as il sow annears on sur Liability Company)	(Records,)	
The Articles of Organization for this Limited	Liability Company	were filed on 06/09/20	010 and assigned	
Plorida document mumber L10000061759				
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
he now name must be distinguishable and end with th	• words "Limited Liab	ollity Company," the designati	on "LLC" or the abbreviation "L.L.C."	
enter new principal offices address, if appli	icable;	7750 NW 46TH STREET		
Principal office address MUST BE A STRE	ET ADDRESS)	MIAMI, FL 33166		
Inter new mailing address, if applicable:		7750 NW 46TH S	TREET	
Mailing address MAY BE A POST OFFICE	BOX)	MIAMI, FL 33166		
3. If amending the registered agent and egistered agent and/or the new registered of	i/or registered of	ffico address on our r	ecords, enter the name of the	
expression about althou the new tentered of	VIIICA NOTOLESS HEM	g:		
Name of New Registered Agent:	SAME			
New Rogistered Office Address:	7750 NW 4	8TH STREET		
		Enter Florida street	address	
	MIAMI		, Florida 33166	
	-	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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Titie</u>	Name	Address	Type of Action
MGR	CARLOS A. ABAD	9450 NW 58TH STREET #10	11
		DORAL, FL 33178	Remove
MGR	BUCO INVESTMENT, CORP.	7750 NW 46th STREE	T Add
		MIAMI, FL 33166	Remove
MGR	GILBERTO L. LEON	7750 NW 46TH STREE	
,	•	MIAMI, FL 33166	Remove
			Add
			□ Remove
-			🗀 Add
	•		C Remove
			🗆 Remove

Ď.	If amending any other information, enter change(s) here: (Anach additional sheets, if necessary.) BUCO INVESTMENT REPRESENTED BY JUAN J. PADRON HAS 67% OF RIGHTS					
	AND GILBERTO L. LEON HAS 33% OF RIGHTS					
	Effective date, if other than the date of filing: (Optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Fiorida Department of State)					
	Dated FEBRUARY 12 2014 UAN J. FADRON					
	Signature of a mamber of authorized representative of a member JUAN J. PADRON					
	Typed or printed name of signee					

Page 3 of 3

Filing Fee: \$25.00