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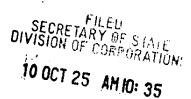
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## **COVER LETTER**

TO:

TO:	Registration Se Division of Co				
SUBJE	·CT·	STC WOODB	RIDGE SOLAR, LLC		
30131			ted Liability Company	<del></del>	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			Neil Schaffel, Esq.		
			Neil Schaffel, P.A.		
	3300 University Drive, Suite 604				
		Co	Address  oral Springs, FL 33065		
			City/State and Zip Code		
		E-mail address: (	neil@schaffel.com	ification)	
For fur	ther information of	concerning this matter, please c		,	
	Neil	Schaffel, Esq.	at (_954_)	340-3311	
	Name o	of Person	Area Code & Dayti	me Telephone Number	
Enclos	ed is a check for t	he following amount:			
\$25	5.00 Filing Fee	<b>[</b> ✓]\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	orations Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



STC	<u>WOODBRID</u>	GE SOLAR,	LLC	
(Name of the Limite	<u>d Liability Compa</u> A Florida Limited I	<u>ny as it now appe</u> Liability Company	ars on our records.)	
•			.4	
The Articles of Organization for this Limited	Liability Company	were filed on	June 29, 2010	and assigned
Florida document number L1000006	9267			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company h	e <u>re</u> :	
	N/A	<b>\</b>		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		<del></del>	
		<u> </u>		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
Training duditess mill BE /11 OST OTTICE	<u> Z BON</u>			
B. If amending the registered agent and	l/or registered of	ffice address on	our records, enter th	ie name of the new
registered agent and/or the new registered	office address her	<u>·e</u> :		
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		E	Enter Florida street addr	ess
			. Florida	
		City	, 1 101 148	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 = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	STC Solar, LLC	9955 N. Kendall Drive Suite 205 Miami, FL 33176	☐ Add ☑ Remove
MGR	STC Woodbridge Man	9955 N. Kendall Drive Suite 205 Miami, FL 33176	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If an	nending any other information, en	ter change(s) here: (Attach additional sheets, if r	necessary.)
	The Articles of Organization	is amended and modified to change the	form
	of the Company from "Meml	er-Managed" to "Manager-Managed"	SECRETARY OF COMP
	October 22	2010	F STATE PORATION  Hid: 35
Dated	October 22	l Schaffel	
	_	f a member or authorized representative of a member	
	Nell Sc	naffel, Esq., Authorized Representative Typed or printed name of signee	

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Filing Fee: \$25.00