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COVER LETTER

TO:

FO: Registration Sec Division of Corp			
SUBJECT: PO-	TTS FLECTRIC	: 1_1_C	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	0.0		
	Michae	el Potts	
	· · · ·	Name of Person	
Division of Corporations SUBJECT: POTTS EAECTRIC, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Potts Name of Person Sea Turtle Solar System, LLC FinnyCompany 5022 Lanckman Ave. Address: Tampuffl 33625 City/State and Zip Code Seatortlesolarsystems agana, com B-meal address: (to be used for future annual refort philication) For further information concerning this matter, please call: Michael Potts Name of Person at (850), 528-2978 Area Code Daytime Telephone Number Enclosed is a check for the following amount: (\$255.00 Filing Fee \$\sigma \text{530.00 Filing Fee} & \sigma \text{Certificate of Status} & \sigma \text{Certified Copy} \text{(additional copy is exclosed)} Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Division of Corporations SUBJECT: POTTS EABCTRIC; 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: Michael Potts Name of Person Sea Turtle Solar Systems, LLL Firm/Company 5022 Landsman Ave: Address Tampa/FL 33625 Seatortlesolarsystems Damail. Com E-mail address: (to be used for four annual reform (gliffication)) For further information concerning this matter, please call: Michael Potts Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: (\$255.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallabassee, Fl. 32314 Suppose Su			
SUBJECT: POTTS ELECTRIC, 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: Michael Potts Name of Person Sea Turtle Solar Systems, LLC Firm/Company 5022 Languman Ave. Address Tampa/FL 33625 City/State and Zip Code Seaturtlesolarsystems and zip ort philication) For further information concerning this matter, please call: Michael Potts Name of Person at (850) Area Code Daytine Telephone Number Enclosed is a check for the following amount: P\$25.00 Filing Fee Certificate of Status Certificate of Status & Certificat Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			
		Address	
	T	(E) 22/25	
	<u> </u>	City/State and Zip Code	
	Seaturtleso E-mail address:	Dlavsystems 6 g1	nail. Com
For further information co			
Machinal	Q+4z	45A 524-	1978
Name of	f Person	Area Code Daytime	E Telephone Number
Enclosed is a check for th	ne following amount:		
	-	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
- · · · · · ·		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres	<u>s:</u>	Street Address:	
-		-	
	•		•
		2415 N. Monro	e Street, Suite 810
		Tallahassee, FL	. 32303

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

ARTICLES OF A	AIVERNIDIVERNI I	د
TO)	10 B 11
ARTICLES OF O	RGANIZATION	
OI	F	2 1
Name of the Limited Liability Compan (A Florida Limited Li		MOREB 28 HR 9: 36
The Articles of Organization for this Limited Liability Company velocida document number <u>L10000073210</u>	were filed on 07/12/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil SEA TURTLE SOLAR SYST The new name must be distinguishable and contain the words "Limited Liabili	EMS, LLC	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5022 Landsma Tampa, FL 336	<u>n Ave.</u> 25
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5022 Landona Tampa, FL 33	in Ave. 625
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	ime of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	T21 1	
	, Florida _ , 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			
			□Remove
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E ffor	tive date, if other than the date of filing: (optional)
If an et Note:	tive date, if other than the date of filing:
e reco rd is f	rd 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 iled.
Dated	February 20 2020
	February 20 2020. Michael Pott
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00