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COVER LETTER

| SUBJECT: Buchholz Solar One, 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: Valentina Maxine Komaniecka Name of Person Firmt/Company 503 NW 89th Street Address Gainesville, FL 32607 City/State and Zip Code rmankin1@netscape.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Valentina Maxine Komaniecka Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: Securificate of Status Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) | то: | Registration Secti Division of Corpo | on rations | | | |
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| Valentina Maxine Komaniecka Name of Person Firm/Company 503 NW 89th Street Address Gainesville, FL 32607 City/State and Zip Code rmankin1@netscape.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Valentina Maxine Komaniecka Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status & Certificate Copy (additional copy is enclosed) | The en | iclosed Articles of An | nendment and fee(s) are sub | omitted for filing. | | |
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| Solution Status & Certified Copy (additional copy is enclosed) Solution Status & Certified Copy (additional copy is enclosed) Certified Copy (additional cop | | | | Name of Person | | • |
| Solution Status & Certified Copy (additional copy is enclosed) Solution Status & Certified Copy (additional copy is enclosed) Certified Copy (additional cop | | | | | • | |
| Gainesville, FL 32607 City/State and Zip Code rmankin1@netscape.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Valentina Maxine Komaniecka at (352) 332-3367 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: ✓ \$25.00 Filing Fee Scertificate of Status (2crtified Copy (additional copy is enclosed) Certified Copy | | | | Firm/Company | | |
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| Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: | | • | | | | |
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MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallabases El. 22214 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

| Bu | ichholz Sol | ar One, LLC | | | |
|--|--|-----------------------|--------------------------|---------------|-------------|
| (Name of the Limited I | Liability Compa | ny as it now appears | on our records.) | | |
| (*** | | , co _[, | | | |
| The Articles of Organization for this Limited Lia | s of Organization for this Limited Liability Company were filed on 10/17/2011 and assi | | | | gned |
| Florida document numberL11000118 | 376 | | | | |
| | | | | | |
| This amendment is submitted to amend the follow | wing: | | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here | ; | | |
| | | | | TAS - | • |
| The new name must be distinguishable and end with "L.L.C." | the words "Limi | ited Liability Compan | y," the designation " | 'LLC" for the | bbreviation |
| Enter new principal offices address, if applicable: | | 503 NW 89th | Street | AFY SSE | |
| (Principal office address MUST BE A STREET ADDRESS) | | Gainesville, Fl | L 32607 | <u> </u> | |
| | | | | LORI STAT | O |
| | | | | TE AGE | |
| Enter new mailing address, if applicable: | | 503 NW 89th Street | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Gainesville, FL 32607 | | | |
| | | | | | |
| | | | | | |
| B. If amending the registered agent and/or | | | ır records, <u>enter</u> | the name of | the new |
| registered agent and/or the new registered offi | ce address ner | <u>e</u> : | | | |
| Name of Nam Designand Agents | Valentina M | laxine Komaniec | ka | | |
| Name of New Registered Agent: | | | ina | <u></u> | |
| New Registered Office Address: | | | | | |
| | | Ente | er Florida street ad | dress | |
| | | Sainesville | , Florida | 32607 | |
| | | City | | Zip Code | |
| New Degistered Agent's Signature if changing De | aictored Agent. | | | | |

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 | Gainesville Solar Solutions, LLC | 4509 NW 23rd Ave Suite 20 Gainesville, FL 32606 | Add Remove |
| <u>MGRM</u> | Valentina Maxine Komaniecka | 503 NW 89th Street Gainesville, FL 32607 | Add Remove |
| | | | Add Remove |
| · · · · · | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amend | ling any other information, enter change(s | s) here: (Attach additional sheets, if necessary.) | |
| | | <u> </u> | _ |
| _ | | | <u>.</u> |
| Dated | 2012 | 2 /manie | |
| | Signature of a member or | authorized representative of a member | |
| | Valentina l | Maxine Komaniecka | |
| | | printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00