# L120000 41818

(Req	uestor's Name)		
(Addi	ress)		
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(City/	State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Busi	ness Entity Na	me)	
(Document Number)			
Certified Copies			
Special Instructions to Fi	ling Officer	····	
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DEFABLICATION OF STATE

DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDAT

RECEIVED

SECRETARY OF STATE BIVISION OF CORPORATIONS

\*\*CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		+		
MLH PHASE 2, LI	LC			
**************************************				
				Art of Inc. File LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
			<del></del>	Merger File
		1	_	Art. of Amend. File
	•			RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
			<u> </u>	Cert. Copy
				Photo Copy
				Certificate of Good Standing
			<u>✓</u>	Certificate of Status
				Certificate of Fictitious Name
			<del></del>	Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by: BN	04/19/12			UCC 1 or 3 File
Name	<del></del>	Time		UCC 11 Search
		1		UCC 11 Retrieval
Walk-In	Will Pick Up _			Courier

## **COVER LETTER**

TO:	Registration Sec Division of Corp					
SUBJE	CT:	MLH PI	HASE 2, LLC			
	· · · · · · · · · · · · · · · · · · ·	Name of Limit	ed Liability Company			
		amendment and fee(s) are submidence concerning this matter t	•			
		Cha	rles I. Holden, Jr., Esq.	·		
			Name of Person	"		
	Holden, Carpenter, Roscow & Kurdziel, PL					
			Firm/Company			
		50	608 NW 43rd Street			
			Address ·			
		Ga	ainesville, FL 32653			
	•		City/State and Zip Code			
		E-mail address: (to	dej@sybacsolar.com be used for future annual report notifica	tion)		
For furth	er information cor	acerning this matter, please cal	· II:			
		Holden, Jr., Esq.	<sup>41</sup> (	77-5900		
	Name of I	Person ·	Area Code & Daytime T	elephone Number		
Enclosed	is a check for the	following amount:				
\$25.00	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
12 APR 19 AM 10: 10

MLH PHASE 2 LLC	
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>(5.</u> )

The Articles of Organization for this Limited L	iability Company were filed on _	MARCH 26, 2012	and assigned
Florida document numberL1200004	1818		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company l	<u>here</u> :	. •
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Con	npany," the designation "LL	C" or the abbreviatio
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	TADDRESS)		
			•
Enter new mailing address, if applicable:	<del></del>		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or the new registered of		our records, enter the	name of the new
Name of New Registered Agent:		····	
New Registered Office Address:			
	1	Enter Florida street addres	rs
		, 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Name | Address Type of Action SYBAC SOLAR, LLC, a Florida limited MGRM 4759 Drane Field Road **✓** Add liability company Lakeland FL 33811 Remove MURPHREE LAND HOLDINGS LLC, a Florida limited MGRM 4759 Drane Field Road □ Add liability company Lakeland, FL 33811 **✓** Remove ☐ Remove ☐ Add Remove □Add □ Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 17 2012 Dated Signature of a member or authorized representative of a member ARTUR MADEJ, MGMR of Murphree Land Holdings, LLC, a Florida limited liability company Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00