# L12000127198

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# **COVER LETTER**

TO: Registration Sec Division of Corp		·				
SUBJECT: MLH	Phase 3, LLC					
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
	Yi Wu					
Name of Person						
c/o Hanergy USA Solar Solution Ltd.						
		Firm/Company				
	1350 Baysh	ore Hwy, Suite 8	325			
		Address				
	Burlingame,	CA 94010				
		City/State and Zip Code				
	hgsg-na@outlool	K.COM to be used for future annual report notif	ication)			
For further information co	oncerning this matter, please ca	•	ication)			
Yi Wu	at (650) 288-3722					
Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is a check for th	e following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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

MLH Phase 3 LLC			
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on ou mited Liability Company)	r records.)	_
The Articles of Organization for this Limited Liability Com	npany were filed on Septem	ber 26, 2012	and assigned
Florida document number L12000123198			-
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designat	tion "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>	200	
		7 = 27 4 %	
Enter new mailing address, if applicable:		(1) (2) (4)	***
(Mailing address MAY BE A POST OFFICE BOX)			7
			<del></del>
		(Z)	ं देंगी
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		records, <u>enter the</u>	name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	et address	
		, Florida	
	City	Ž	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

<u> Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
MGRM	Sybac Holdings, LLC	6375 Conroy Windemere Road, Suite 4	-01 □ Add
		Orlando, FL 32835	Remove
			Add
			□ Remove
		<b>.</b>	Remove
			Add
		<u> </u>	□ Remove
			□ Add
			☐ Remove
			□ Adđ
			Remove

D. If amending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)
·	
E. Effective date, if other than the date of filing	
(The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	e of receipt or filed date and cannot be more than 90 days after of State)
Dated February 4	2014
Tosky	
signature of a m	nember or authorized representative of a member
Tina Hesby	
	Typed or printed name of signee

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Filing Fee: \$25.00