

L12000126730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

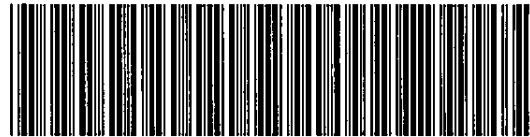
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700254571627

12/17/13--01003--002 **25.00

FILED
2013 DEC 17 PM 1:22
SECRETARY OF STATE
2013 DEC 17 PM 1:22

DEC 18 2013

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A NATIONAL Solar, 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:

MIKE FUGGETTA
Name of Person

A NATIONAL SOLAR, LLC
Firm/Company

804 OLD DIXIE HWY #6
Address

LAKE PARK, FLORIDA 33403
City/State and Zip Code

MFUGGETTA@ANATIONALSOLAR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE FUGGETTA at (561) 223-2096
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 3, 2012 and assigned Florida document number 612000126730

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

804 OLD DIXIE HWY #6
LAKE PARK, FLORIDA
33403

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

804 OLD DIXIE HWY #6
LAKE PARK, FLORIDA
33403

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

MICHAEL FUBBETTA
804 OLD DIXIE #6
Enter Florida street address
LAKE PARK, Florida 33403
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:

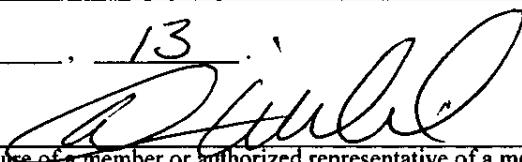
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michele Fuggetta	552 SW Dauphin Ave. Port St. Lucie, FL 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Michael Fuggetta	804 Old Dixie Highway #6 Lake Park, FL 33403	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MariaAntonia Pollack	552 SW Dauphin Ave. Port St. Lucie, FL 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Charles J. Sapienza	804 Old Dixie Highway #6 Lake Park, FL 33403	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CHERYL LEE HADLER	552 SW DAUPHIN AVE PORT ST. LUCIE, FLA. 33403	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DAVID WIKEL	804 OLD DIXIE #6 LAKE PARK, FLA. 33403	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 12-10, 13



Signature of a member or authorized representative of a member

DAVE WIKEL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 DEC 17 PM 1:22
SECRETARY OF STATE
HALLMARK BUILDING