## L120001574FG

| (Req                      | uestor's Name)  | )            |
|---------------------------|-----------------|--------------|
| (Addi                     | ress)           |              |
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| (City/                    | /State/Zip/Phor | ne #)        |
| PICK-UP                   | ☐ WAIT          | MAIL         |
| (Busi                     | iness Entity Na | me)          |
| (Doc                      | ument Number    | ·)           |
| Certified Copies          | Certificate     | es of Status |
| Special Instructions to F | iling Officer:  |              |
|                           |                 |              |
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Office Use Only



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MASS BRACE

## **COVER LETTER**

|  | egistration Sec<br>Ivision of Corp |  |   |  |  |
|--|------------------------------------|--|---|--|--|
|  |                                    | LAR AMERICA, LLC   |   |  |  |
| SUBJECT                                | :                                  | Name of Lim  | ited Liability Company  |  |  |
| The enclose                            | ed Articles of                     | Amendment and fee(s) are sub   | mitted for filing.  |  |  |
| Please retur                           | rn all correspon                   | ndence concerning this matter  | to the following:   |  |  |
|  |                                    | THOMAS FALZ  |   |  |  |
| Name of Person                         |                                    |  | <del></del>   |  |  |
| SYBAC SOLAR AMERICA, LLC               |                                    |  |   |  |  |
| Firm/Company                           |                                    |  |   |  |  |
| 6735 CONROY WINDERMERE ROAD, SUITE 401 |                                    |  |   |  |  |
|  |                                    |  | Address   |  |  |
|  |                                    | ORLANDO, FLORIDA 32835   |   |  |  |
|  |                                    |  | City/State and Zip Code   |  |  |
|  |                                    | TFALZ@SYBACSOLAR.  | COM<br>to be used for future annual report noti   | (ication)  |  |
| For further                            | information co                     | oncerning this matter, please c  | •   |  |  |
| THOMAS                                 |                                    |  | 863 229-1081  |  |  |
|  | Name of                            | Person   | at () Area Code Daytim  | e Telephone Number   |  |
| Enclosed is                            | a check for th                     | e following amount:  |   | ALARIA JU  |  |
| <b>525.00</b>                          | Filing Fee                         | □ \$30.00 Fiting Fee & Certificate of Status                                 | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)   | Certificate of Slatus & Contificate Copy (additional copy is enclosed) | Principal of the Control of the Cont |
|  | Registra<br>Division<br>P.O. Bo    | NG ADDRESS:<br>ation Section<br>of Corporations<br>ox 6327<br>ssee, FL 32314 | STREET/COURI<br>Registration Section<br>Division of Corpor<br>Clifton Building<br>2661 Executive Co<br>Tallahassee, FL 32 | on<br>rations<br>enter Circle  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|  | YBAC SOLAR AMERICA, LLO   |                            |   |
|--|---|----------------------------|---|
| (Name of the Limited   | l Liability Company as it now appo<br>A Florida Limited Liability Company | ears on our records.)      |   |
| The Articles of Organization for this Limited Lia  | bility Company were filed on _  | DECEMBER 17, 2012          | and assigned  |
| Florida document number L12000157489   | ·   |                            |   |
| This amendment is submitted to amend the follow  | ving:   |                            |   |
| A. If amending name, enter the new name of t   | the limited liability company   | here:                      |   |
| he new name must be distinguishable and contain the wor                                  | rds "Limited Liability Company," the                                      | designation "LLC" or the a | bbreviation "L.L.C."                                  |
| enter new principal offices address, if applical   | ble:  |                            |   |
| <u>Principal office address MUST BE A STREET</u>   | ADDRESS)  |                            |   |
|  |   |                            |   |
|  | •   |                            |   |
| Enter new mailing address, if applicable:  | · · · · · · · · · · · · · · · · · · ·                                     |                            |   |
| Mailing address MAY BE A POST OFFICE B   | <u> </u>  |                            | · - · · · · · · - · · · · · · · · · · ·               |
|  |   |                            | ren sel   |
|  |   |                            | 3100<br>3100  |
| If amending the registered agent and/or egistered agent and/or the new registered office | r registered office address (   | on our records, enter      | the name of the                                       |
| egistered agent and/of the new registered offi   | ce address here.  |                            | 00 Th   |
| Nome of New Desistered Assets  |   |                            |   |
| Name of New Registered Agent:  |   |                            |   |
| New Registered Office Address:   | Forton E  | orida street address       | 第三 <del>2</del> 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 |
|  | Enter M   | orida sireet address       | \$ 3  |
|  | Clty  | , Florida                  | Zip Code  |
|  | City  |                            | esp cour  |

## 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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u>              | Type of Action |
|--------------|-------------|-----------------------------|----------------|
| MGR          | ARTUR MADEJ | 6735 Conroy Windermere Road |                |
|              |             | Suite 401                   | ■ Remove       |
|              |             | Orlando, Florida 32835      | Change         |
| MGR          | THOMAS FALZ | 6735 Conroy Windermere Road | _ Badd         |
|              |             | Suite 401                   | □ Remove       |
|              |             | Orlando, Florida 32835      | ☐ Change       |
|              |             |                             | Add            |
|              |             | <del> </del>                | Петоve         |
| •            |             |                             | ☐ Change       |
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Filing Fee: \$25.00