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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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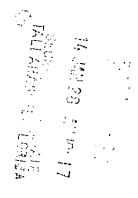
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J. Shivers JAN 2 9 2013





FLORIDA DEPARTMENT OF STATE Division of Corporations

January 14, 2014

LINDA MCGURN 101 SE 2ND PL SUITE 202 GAINESVILLE, FL 32601

SUBJECT: MEADOWBROOK SOLAR FIVE LLC

Ref. Number: L13000026104

We have received your document for MEADOWBROOK SOLAR FIVE LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 414A00000905

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: | | MEADOWBRO | OK SOLA | AR FIVE, LLC |) | |
|--------------------|--|--|------------------|---|-------------|--|
| | | Name of Lim | ited Liability (| Company | | |
| | | | | | | |
| The enclosed Art | ticles of An | nendment and fee(s) are sul | bmitted for fili | ng. | | |
| Please return all | corresponde | ence concerning this matter | to the followi | ng: | | |
| | | | | | | |
| | | | Linda C. Name of | | | |
| | | | Name of | reison | | |
| | | | Firm/Co | ompany | | |
| - | | 101 3 | SE 2nd Pla | ce, Suite #202 | | |
| | | | Addı | ress | | |
| • | | (| Gainesville, | FL 32601 | | |
| | • | | City/State an | d Zip Code | | |
| | _ | | linda@mco | gurn.com | · /= . · · | |
| | | | | iture annual report not | ilication) | |
| For further inform | nation conc | erning this matter, please of | call: | | | |
| | | C. McGurn | at (_3 | 352 ₎ | 372-61 | 72 |
| | Name of Pe | erson | | Area Code & Daytin | me Telephon | e Number |
| B 1 1: 1 | | | | | | |
| | | ollowing amount: | _ | | | |
| \$25.00 Filing | Fee [| \$30.00 Filing Fee & Certificate of Status | Certifi | Filing Fee & ed Copy onal copy is enclose | ed) | 60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | | | | |
| | | G ADDRESS: | | STREET/COUR | | RESS: |
| | Registration of Division of the Control of the Cont | of Corporations | | Registration Sect Division of Corpo | | |
| | P.O. Box (| 6327 se, FL 32314 | | Clifton Building 2661 Executive C | enter Circl | e |
| | 1 4114114550 | O, I D 343 LT | | Tallahassee, FL 3 | | • |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limite | d Liability Compa A Florida Limited I | ny as it now appears on our records.) Liability Company) | | | |
|---|--|---|------------|--|----------------------|
| The Articles of Organization for this Limited Lie Florida document number <u>L13000026104</u> | ability Company | were filed on 02/20/2013 | aı | nd assi | gned |
| This amendment is submitted to amend the follo | wing: | | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | | |
| The new name must be distinguishable and end with the v | vords "Limited Liab | ility Company," the designation "LLC" or th | e abbrevia | ntion "L | L.C." |
| Enter new principal offices address, if applica | able: | 101 SE 2nd Place, Suite 203 | 2 | | |
| Principal office address MUST BE A STREE | T ADDRESS) | Gainesville, FL 32601-6592 | | | |
| | | | | 1. | |
| Enter new mailing address, if applicable: | | 101 SE 2nd Place, Suite 20 | 2 | 15 N S S S S S S S S S S S S S S S S S S | - 12 - 15 - 15 |
| Mailing address MAY BE A POST OFFICE | BOX) | Gainesville, FL 32601-6592 | | : .: <u>:</u> | 10 may 13 |
| B. If amending the registered agent and/ registered agent and/or the new registered of | or registered o | | r the n | ame | of the no |
| Name of New Registered Agent: | Linda C. M | cGurn | | | |
| New Registered Office Address: | 101 SE 2nd | d Place, Suite 202 | | | |
| | | Enter Florida street address | | 050 | - |
| | Gainesville | , 1 101 10# . | 32601 | -6592 | <u></u> |
| | | City | Zip | Code | |

New Registered Agent's Signature, if changing Registered Agent:

Meadowhrook Solar Five LLC

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 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------------------------|--|--------------------|
| MGR | Gainesville Solar Solutions, LLC | 4509 NW 23rd Ave | |
| | | Suite 20 | ■ Remove |
| | | Gainesville, FL 32606 | |
| MGR | Linda C. McGurn | 101 SE 2nd Place, Suite 20 |)2 <u>■</u> Add |
| | | Gainesville, FL 32601-659 | 92 □ Remove |
| | | | |
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| ective date, if other than the date of filing: | (optional) |
|--|-------------------|
| effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more t date this document is filed by the Florida Department of State) | han 90 days after |
| ed January 22 | |
| North PMbus |) |
| Signature of a member or authorized representative of a med | mber |
| Linda C. McGurn | |

Page 3 of 3

Filing Fee: \$25.00