

LI3 0000 26889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

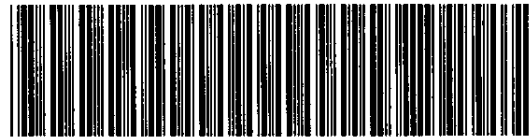
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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J. Stivers JAN 29 2013

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2014

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

SUBJECT: WILES SOLAR ONE LLC
Ref. Number: L13000026889

We have received your document for WILES SOLAR ONE 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00000898

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Wiles Solar One, LLC

(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 02/21/2013 and assigned
Florida document number L13000026889.

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)

101 SE 2nd Place, Suite 202

Gainesville, FL 32601-6592

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

101 SE 2nd Place, Suite 202

Gainesville, FL 32601-6592

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:

Linda C. McGurn

New Registered Office Address:

101 SE 2nd Place, Suite 202

Enter Florida street address

Gainesville

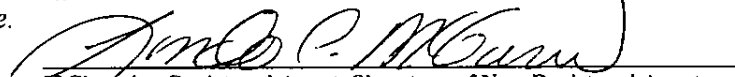
, Florida 32601-6592

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 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

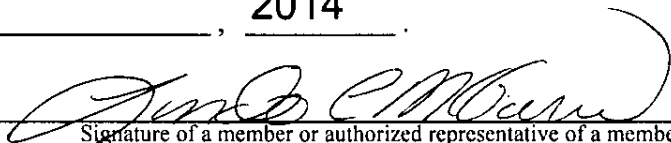
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Gainesville Solar Solutions, LLC	4509 NW 23rd Ave	☐ Add
		Suite 20	☒ Remove
		Gainesville, FL 32606	
MGR	Linda C. McGurn	101 SE 2nd Place, Suite 202	☒ Add
		Gainesville, FL 32601-6592	☐ Remove
			☐ Add
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			☐ Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 22, 2014



Signature of a member or authorized representative of a member

Linda C. McGurn

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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