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SECRETARY OF STATE TALLAHASSEE FLORID,

COVER LETTER

TO:

	egistration Se vision of Cor			
~	POM SOLA	AR, 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 correspo	ndence concerning this matter	to the following:	
		GIANCARLO CARUZZO)	
			Name of Person	
		POM SOLAR, LLC		
			Firm/Company	
		1743 INDEPENDENCE E	BLVD. , D6	
			Address	
		SARASOTA, FL 34234		
			City/State and Zip Code	<u></u>
		LYDIA@REGIONSOLAR	a.CO to be used for future annual report not	(funtion)
For further	information c	oncerning this matter, please c	•	uncarony
GIANCAR	RLO CARUZZ	30	941 355-6565 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Addres		Street Address:	_
	egistration S ivision of C	Section orporations	Registration Se Division of Co	
	O. Box 632		The Centre of	•
Т	allahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	iny)	
The Articles of Organization for this Limited Liability Company were filed or	1 <u>04/29/2013</u> and	d assigned
Florida document number L13000062467		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	<u>y here</u> :	
REGION SOLAR, LLC		
The new name must be distinguishable and contain the words "Limited Liability Company,"		
Enter new principal offices address, if applicable:		20 75
(Principal office address MUST BE A STREET ADDRESS)	25	3
- The part of the control of the con		6 ;
		3 :
	195 195	
Enter new mailing address, if applicable:	<u> </u>	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	ir records, enter the name of the	new registe
Nama of Nau Pagintared Agant.		
Name of New Registered Agent:		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
			□Add
			□Rеточе
			Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			2027 AR SECRETA
			(S) (Remove
			AH Change
			□Add
			Remove
			Change
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			Change
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			TAI E	7: 53
Tective date, if other than the neffective date is listed, the date must be attended in this blue cument's effective date on the December 2.	ock does not meet the applical	o date of filing or more than ble statutory filing requi	(Optional) 190 days after filing.) Pursus rements, this date will no	int to 605.020 of be listed a
ecord specifies a delayed effectiv is filed.	e date, but not an effective tim	ne, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
ted MARCH 5	2020	_·		
	/			
Am	Myn	ized representative of a me		

. . . .

Filing Fee: \$25.00