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SECRETARY OF STATE
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COVER LETTER

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CUBICCT		AR ENERGY, LLC		
SUBJECT	·		ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	endence concerning this matter	to the following:	
		IVY GILBERT		
			Name of Person	
		DEL SOLAR ENERGY, I	LLC	
			Firm/Company	
		185 RANDON TER		
			Address	
		LAKE MARY, FL 32746		
			City/State and Zip Code	
		IGILBERT@OUTLOOK.C		
		E-mail address: (to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please ca	all:	
IVY GILE	BERT		407 585-1018 at ()_	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed i	s 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

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

DEL SOLAR ENERGY, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records. la Limited Liability Company))
The Articles of Organization for this Limited Liability C	Company were filed on 05/21/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD.	RESS)	HAARY OF T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9: 11 FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGMR	EVERLAND HOLDINGS, LLC	7300 Yellowstone Rd, Suite 10	□ Add
		CHEYENNE, WY 82009	Remove
			Change
MGMR	IVY GILBERT	3983 ST JOHNS PKWY	■ Add
		SANFORD, FL 32771	Remove
			☐ Change
			□ Add
			☐ Remove
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	n the date of fil	ing: 01/01/2015	0.50	(option	nal)
fective date, if other tha	te must be specific :	and cannot be prior t	lo date of filing or mor	e than 90 days after t requirements, this	aling.) Pursuant to 605.02 date will not be listed
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n effective date is listed, the da te: If the date inserted in t cument's effective date on	his block does no the Department o	of State's records.			
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Filing Fee: \$25.00