#13000127996

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SEGNELLARY OF STATE
FAIR MASSEE, FLORIDA

K. SALY EXAMINER SEP 2 5 2013

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: Pra.	Name of Limit	Solar Park led Liability Company	<u> </u>
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Artor	Marde 5 Name of Person	
		Firm/Company	
			•
	6735	Conroy Rand	Suite 401
	Orlan	City/State and Zip Code	2835 Sac Solar, con
	E-mail address: (t	o be used for future annual report notification	Sac Solar, con
For further information con-	cerning this matter, please ca	all:	
Artor M	ase;	at (<u>863</u> ZZC	7 1081 ephone Number
	·		
Enclosed is a check for the	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)

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

13 or FILED	
SECRETARY OF	
SCORE PH 4: 51 SCORE PH 4: 51 Cords.)	•
ecords.)	

ViniFie Vi	ew solar Partition
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L13000127996</u>	any were filed on 5 + 10, 2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
The new name must be distinguishable and end with the words "L".L.C."	Minited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	9
·	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	office address on our records, <u>enter the name of the new</u> <u>here</u> :
	1/2
Name of New Registered Agent:	<i>ya</i>
New Registered Office Address:	Enter Florida street address
	, Florida

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRY	Artur Made;	6735 Carry Windermer	Add
		Suite 401	Remove
<u>MGR</u> N	Sybac Holdings,	Orlando, FL 3283. 6735 Conroy Windermo Orlando, FL 3283	Add Remove
 .			Add Remove
			— Add
			Remove
		<u> </u>	Add
			Remove
	·		Add Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
Dated_	September 20, 2013
Daicu	MW Rodli
	Signature of a member or authorized representative of a member
	Artor Made; Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00