## L13000168226





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02/15/18--01028--003 \*\*25.00

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## **COVER LETTER**

TO: Re	gistration Sec vision of Corp	tion orations			
CUDIECT.		& MARKETING, LLC	•		
SUBJECT	·	Name of Lin	nited Liability Company		_
The enclose	ed Articles of A	mendment and fee(s) are sul	bmitted for filing.		
Please retur	n all correspon	dence concerning this matter	to the following:		
		Processing Department			
			Name of Person		<del>_</del>
		MyCorporation			
			Firm/Company		
		26025 Mureau Road, Suit	e 120		
			Address		<del></del>
		Calabasas, CA 91302			
			City/State and Zip Code		<del>_</del>
		E-mail address:	(to be used for future annual re	eport notification)	_
For further i	nformation cor	ncerning this matter, please c	all:		
MyCorpora	tion		818 224-	-7639	
	Name of I	Person	Area Code	Daytime Telephone Num	ber
Enclosed is	a check for the	following amount:			
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certifi esed) Certifi	Filing Fee, icate of Status & ed Copy nal 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

YES SALES & MARKETING, LLC			
(Name of the Limited Liabili (A Florid	ts Company as it now appears Timned Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C Florida document number L13000168226		04/2013	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>'e</u> :	
Sunny Home Energy, LLC			
The new name imist be distinguishable and contain the words "Lin	nted Liability Company," the de-	signation "LLC" or the al	breviation "L L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)	Mail.	
Enter new mailing address, if applicable:			
· 11	<u></u>		-
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter</u>	the name of the nev
Name of New Registered Agent.			
New Registered Office Address:	Sistem El ver	la street address	
	Cin:	, Florida	75 65.1
	·		zą code
New Registered Agent's Signature, if changing Registere	d Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of t gent as provided for in Cl ed office address, I hereby	ny chities, and Lam ; hapter 605, F.S. Or,	familiar with and if this document is

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If Changing Registered Agent, Signature of New Registered Agent

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 = -M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
		-	☐ Remove
			Change
			Add
			□ Remove
			Change
	***		D Add
			🗖 Change
			🗖 Add
			□ Remove
	· .		Change
	- And the second		
			☐ Remove
			☐ Change
			O Add
			□ Remove
			D (%)

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•	The purpose for which this Limited Liability Company is organized is:
	solar energy sales
-	
•	
an ef ote:	(optional) (convenience is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605 0207 (3)th If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the nent's effective date on the Department of State's records.
re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ated	War Nas
	Signature of a member or authorized representative of a member
	David Cass, MGRM  Typed or printed name of signee

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Filing Fee: \$25.00