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COVER LETTER

TO:

Registration Section

Division of C	Corporations	•	
Claudio	Brito, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Claudio Brito		
	-	Name of Person	
	Claudio Brito, LLC		
		Firm/Company	
	1977 Water Tupelo Way		
	•	Address	
	Ocoee, FL 34761		
		City/State and Zip Code	
	britofl@hotmail.com	to be used for future annual report no	
For further information	n-mail address. on concerning this matter, please c		ouncations
Claudio Brito		407 218-2842	
Name	e of Person	at ()	me Telephone Number
		Their code Days	ine religione realised
Enclosed is a check for	r 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 Addi Registration		Street Address: Registration S	ection
Division of	Corporations	Division of Co	
P.O. Box 63		The Centre of	
Tallahassee	, FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

T	0	
ARTICLES OF O	RGANIZATION	喜人
О	F	and assigned
Claudio Brito, LLC	ny no it nove appagre on alle rapi	miles O
(Name of the Limited Liability Compa (A Florida Limited I	liability Company)	
The Articles of Organization for this Limited Liability Company	wore filed on 01/15/2020	and assigned
	were med on	
Florida document number 1.13000174189		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BeeSolar, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1977 Water Tupelo Way	
(Principal office address MUST BE A STREET ADDRESS)	Ocoee, FL 34761	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our records, <u>ent</u>	er the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	lress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	:	
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I	further agree to comply with the
provisions of all statutes relative to the proper and complete	r performance of my duties.	and Lam familiar with and
accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	praviaea jor in Chapier ou 2 address, 1 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, 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>	<u>Address</u>	Type of Action
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
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an effective	ite, if other thai date is listed, the dat date inserted in th	te must be specific a	and cannot be prior	r to date of filin	g or more than y filing requir	(option 90 days after tements, this	filing.) Pursuant	to 605.020 be listed as
ocument s	effective date on t	the Department o	f State's records	i.				
			ioi an effective i	ime, at 12:01	a.m, on the e	arljer of: (b)	The 90th da	y after the
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Filing Fee: \$25.00