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COVER LETTER

то:	Registration Se Division of Cor			
SUBJE		ergy Group, LLC		
501501		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Brian Marinelli		
			Name of Person	
		Photon Energy Group, LL	С	
Firm/Company 60 Tanglewood Rd. Address				Manager (Manager)
		Debary, Florida 32713		
			City/State and Zip Code	
		Solarb09@gmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information o	oncerning this matter, please ca	all:	
Gabrie	elle Jeffords		561 723-4209	
	Name o	f Person	Area Codc Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$ 2:	5.00 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

Photon Energy Group, LLC		
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company were filed on April 28, 2014 Florida document number L14000068082		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Silver Sun Energy, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	60 Tanglewood Rd	
(Principal office address MUST BE A STREET ADDRESS)	Debary, Fl 32713	The sum of
		生活 园 上生
Enter new mailing address, if applicable:	60 Tanglewood Rd	00 m
(Mailing address MAY BE A POST OFFICE BOX)	Debary, FI 32713	
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ds, enter the name of the ne
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida street addr	ess
		Florida
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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			□ Remove
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	m than the date of fili	December 17, 20	15	(optional)	
Yandinia dada idadha	, the date must be specific a	and cannot be prior to date	e of filing or more than	00 days after filing.) P	ursuant to 605.0207
an effective date is listed.			tatutory filing require	ements, this date wi	ill not be listed as
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an effective date is listed, ote: If the date insert ocument's effective date record specifies	a delayed effective	e date, but not an	effective time, a	t 12:01 a.m. or	n the earlier of
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Filing Fee: \$25.00