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| (Re | equestor's Name) | |
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| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | MAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

| | gistration Se vision of Cor | | | |
|---------------|--------------------------------|---|---|---|
| SUBJECT: | | Enterprises LLC | | |
| JOBSEC 1. | | Name of Lim | ited Liability Company | |
| The enclose | d Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please retur | n all correspo | ndence concerning this matter | to the following: | |
| | | Danielle Stallings | | |
| | | | Name of Person | |
| | | Blue Sky Solar Energy | | |
| | | | Firm/Company | |
| | | 13747 65th St. | | |
| | | | Address | |
| | | Largo FL 33771 | | |
| | | | City/State and Zip Code | |
| | | danielle@blueskysolarenerg | • | |
| | | E-mail address: () | to be used for future annual report notifi | cation) |
| For further i | information co | oncerning this matter, please ca | ıll: | |
| Danielle Sta | allings | | 727 4802-2843 at () | |
| | Name of | f Person | at () Area Code Daytime | Telephone Number |
| | | | | |
| Enclosed is | a check for th | e 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

| (Name of the Limited L (A F | lability Compa Torida Limited I | ny as it now appears on ou Liability Company) | r records.) |
|--|--|--|--|
| The Articles of Organization for this Limited Liabil | ity Company | were filed on <u>7.22,14</u> | and assigned |
| Torida document number | ······································ | | |
| his amendment is submitted to amend the following | ng: | | |
| A. If amending name, enter the new name of the | limited liab | ility company here: | |
| he new name must be distinguishable and contain the words | "Limited Liabil | ity Company," the designat | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | :: | 13747 65th St. | 17 SECTIALL |
| Principal office address MUST BE A STREET A | DDRESS) | Largo, Fl 33771 | 景馬丁 |
| | | | SSEE C. RY 0 |
| Enter new mailing address, if applicable: | | 13747 65th St.N | F.C. 93 D |
| (Mailing address MAY BE A POST OFFICE BOX) | | Largo Fl 33771 | 10 A 38 |
| 3. If amending the registered agent and/or a registered agent and/or the new registered office | | <u> </u> | records, enter the name of the |
| Name of New Registered Agent. | | o - | |
| New Registered Office Address: | 3747 65th St. | Enter Florida stre | et address |
| L | argo | | , Florida ³³⁷⁷¹ |
| - | | City | Zip Code |

Namelle Stolling

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

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

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 |
|--------------|--------------------|--------------------------------------|----------------|
| MGR | Danielle Stallings | 76 4th St. N., #555, St. Petersburg. | Add |
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| ffective date, if other than | the date of filing: | 8.16.17 | | (optic | onal) | |
| an effective date is listed, the date iote: If the date inserted in thi ocument's effective date on the | s block does not me | et the applicab | date of filing or m le statutory filin | ore than 90 days after g requirements, this | filing.) Pursuant to date will not be | 605.020 listed a |
| e record specifies a dela The 90th day after the | | ite, but not | an effective t | ime, at 12:01 a | .m. on the ea | rlier (|
| August 16th | | 2017 | | | | |
| | , <u> </u> | | | | | |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee