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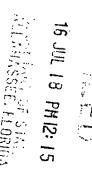
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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: MB Home	Restorations LLC		
SOBJECT: WE HOME	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Pedro F. Mejia		
		Name of Person	,
		Firm/Company	
		rimicompany	
	8231 46th Court East		
		Address	
	Sarasota, FL 34243		
		City/State and Zip Code	
	pmejia13@gmail.com	to be used for future annual report notif	ication
		•	(Cation)
For further information co	oncerning this matter, please ca	all:	
Pedro F. Mejia		407 353-1937 at ()	
Name of	Person		Telephone Number
Enclosed is a check for the	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

MB Home Restorations, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our reco imited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on	and assigned
Florida document number L15000023048		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Freedom Solar Energy, LLC		
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LI	_C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	(SS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		2 - ,
Muning unaress MAT BEAT OST OFFICE BOX		- on
3. If amending the registered agent and/or registe	ned office address on our vector	ide antou the name of the
egistered agent and/or the new registered office addre		١٣٦٠)
		PH IT
N. C. D. L. L.		Cos is
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		<u>.</u>
	Enter Florida street addr	ess
	. 1	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Daniel Mauricio Meji	8231 46th Court East	Add
		Sarasota, FL 34243	■ Remove
			Change
AMBR	Daniel Mauricio Mejia	8231 46th Court East	
		Sarasota, FL 34243	□ Remove
			Change
			Remove
			Add Add
			Remove Change
			□ Remove
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		 	□ Remove
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fective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of	filling or more than 90 days after filling.) Pursuant to	
vie: If the date inserted in this block does not meet the applicable state cument's effective date on the Department of State's records.	utory tiling requirements, this date will not be	insted as
record specifies a delayed effective date, but not an eff	fective time, at 12:01 a.m. on the ea	arlier of
The 90th day after the record is filed.		
40/10		
ted 07/16/16 . Signature of a member or authorized rep		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00