

L15 0000 27755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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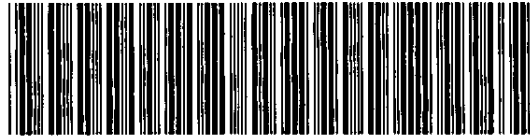
(Business Entity Name)

(Document Number)

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15 MAY 14 AM 11:55
U.S. DEPT. OF JUSTICE
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLAR ENERGY WATER PUMPING MAGDALENA COLOMBIA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAIME ESPINOSA

Name of Person

MYCOL LLC

Firm/Company

630 FIRST AVENUE # 29L

Address

NEW YORK, N.Y. 10016

City/State and Zip Code

JAIME7MIL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAIME ESPINOSA

518 258 0613
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SOLAR ENERGY WATER PUMPING MAGDALENA COLOMBIA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/13/2015 and assigned
Florida document number L15000027759.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

XXXX

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

630 FIRST AVENUE # 29L

(Principal office address MUST BE A STREET ADDRESS)

NEW YORK, N.Y. 10016

Enter new mailing address, if applicable:

XXXX

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NORA ROSADO

New Registered Office Address:

12500 SW. 6th St. N-1110

Enter Florida street address

PEMBROKE PINES

Florida

33027

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>	<u>Type of Action</u>
MGR	NORA ROSADO	12500 SW 6th ST. N-110	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAIME ESPINOSA	630 1st Avenue # 29L	<input checked="" type="checkbox"/> Add
		NEW YORK, N.Y. 10016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NORA ROSADO	12500 SW 6th ST. N-110	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL. 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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15 MAY 14 AM 11
SHORE PARTY OF 3
TALLAHASSEE, FL

15 MAY 14 AM 11:55
STONE MOUNTAIN STATE
FALL CLASSIFIED DIVISION

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 8, 2015

Signature of a member or authorized representative of a member

JAIME ESPINOSA

Typed or printed name of signee