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SECRETARY OF STATE
SECRETARY OF STATE

T. HAMPTOR?

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SUNDURANCE SOLAR 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:	
CARL BOYD Name of Person	
SUNDURANCE SOLAR_ Firm/Company	
916 NE 28TH AVE	
City/State and Zip Code CP+boyd@gma, /. com Email address: (to be used for future annual report notification)	
Email address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
CARU BOYD at 305 509 0144 Name of Person Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$25.00 Filin	

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

	RANCE	SOLA-R	LCC	
(<u>Name of the Limited</u> (A	Liability Company as Florida Limited Liabili	it now appears on our ty Company)	records.	
The Articles of Organization for this Limited Liab Florida document number <u>L 150 0007 9</u> This amendment is submitted to amend the follow A. If amending name, enter the new name of the	ving: he limited liability	company here:	TSSEE, FLUNIES	15 and assigned I TO TO STATE AND TO STATE A
The new name must be distinguishable and contain the word	is "Limited Liability Co	ompany," the designation	on "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicab	le: _	916	NE 28	th AVE
(Principal office address MUST BE A STREET)	ADDRESS)	OCAL	A FL	34470
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	916 OCAN	NE 28 9 FL	37470
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our r	records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:	CARL	BOYD		
New Registered Office Address:	CARL 916 NE	28th/ Enter Florida stree	NE et address	
	OCALA	City	, Florida	34470 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 Per	son(s) authorized to manag	e, enter the title, na	<u>ame, and address of each</u>	<u>person</u> being added
<u>or removed from our record</u>	<u>s</u> :			
•	-			

MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Deg. Agent	DANIELLE STALLINGS	76 4MSTN. #555	🖸 Add
		ST. PETE FL 33731	Remove
			Change
MGR	DANIELLE STALLIUS	76 4Th ST N. #553	☐□ Add
		ST. PETE F1 3373	Remove
			☐ Change
			Add
			□ Remove
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ffective date, if other the area effective date is listed, the dote: If the date inscrted in ocument's effective date or	this block does not a	meet the applicable st	of filing or more than 90 atutory filing requirem	(optional) days after filing.) Pursuant to 605. nents, this date will not be liste
e record specifies a de The 90th day after th			effective time, at :	12:01 a.m. on the earlie
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Pated 7.3/.		, 2015 Llo Stamember or authorized in the STA Typed or printed name		浸養 む 間

Page 3 of 3

Filing Fee: \$25.00