L15 0000 7689Z

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400359578244

03/01/21--01024--002 **25.00

PICTURE 1 DATE OF CONTROL

JUN 1 2021 R. HUNT

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Sky Blue	Solar LC Name of Limited Liability Company		
The enclosed Articles of Amendment and if Please return all correspondence concerning			.00359578244 2101024002 **25.0
	Sa Barry Name of Person		
Sk	1 Blue Solar Firm/Company	LLC	
106	OI Belcher Address	Rd S	
	MINDLE FL City/State and Zip C Gulatory (2) nad address: (to be used for future an		<u>33</u> 177)
ित् For further information concerning this ma	•	nual réport notification)	
LISA Bary Name of Person	at (127 Area Code	H79 - D7 Daytime Telephone	131 : Number
Enclosed is a check for the following amou	n: Pmt on	file	
□ \$25.00 Filing Fee □ \$30.00 Filing Certificate		y (is enclosed) (60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
34 90 - 3 10 - 3	2.	A A 44	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKY BLUE SOLAR, LLC	<u> </u>	<u></u>
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Companion document number $\frac{L15000076892}{L15000076892}$.	y were filed on <u>08/28/2017</u>	and assigned
This amendment is submitted to amend the following:		01vi 202
A. If amending name, enter the new name of the limited lia	bility company here:	CHYTELON OF TARR -
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation "LLC" or t	the abbreviation TLL.CSRC
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	a
	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
CFO	David Lantz	10601 Belcher Road South	□Add
		Seminole, FL 33777	■Remove
			□Change
	 		□ Add
			□Remove
			□Add
			Remove
			□ Change
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Note:	tive date, if other than the date of filing:	> 605.0207 (: listed as t
e record rd is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day d.	after the
Dated ₋	May 25 2021	
	Signature of a member or authorized representative of a member	_

Filing Fee: \$25.00