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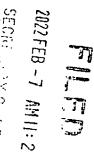


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O SIMMONS FEB 07 2022

COVER LETTER

TO: Registration So Division of Co	ection -porations			
SUBJECT:	bean E Name of Limi	nevs veted Liability Company	LC	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter (to the following:		
	Stepl	Len U1Sew Name of Person	lan_	
		Firm/Company		
	740 4	M St. N. #	±118	
	<u> </u>	City/State and Zip Code City/State and Zip Code City/State and Zip Code Cod	FL 33701 Energy, co	ን ~ጊ
For further information of	concerning this matter, please ca	ill:		
Stephe	MUSEMAN	at (BOS 44) Area Code Daytime	7014 Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	2:\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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 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

FILED

9	•	
$\sum_{i=1}^{n} x_i x_i$		2022 FEB -7 AM 11: 25
JKy beam &	nergy	deade Cov or ETHE
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	2/2	.6/20/6 and assigned
The Articles of Organization for this Limited Liability Company	were filed on \triangle	and assigned
Florida document number <u>L 60000 4</u> 08	16	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Solar mates	LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	740 4th	St North #118
(Principal office address MUST BE A STREET ADDRESS)		Shus FL 3370
Trincipal office address most be A STREET ADDRESS		30.00
		
	7110 4th	ST Nont Hus
Enter new mailing address, if applicable:	(A) (1)	31. 100 (N ## 1 8
(Mailing address MAY BE A POST OFFICE BOX)	SITELEN	Shu(+133/0)
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
agent una of the new registered office address neve.		
Name of Name Dankarand America		
Name of New Registered Agent:		
New Registered Office Address:	7 7 1	
	Enter Florida street a	address
		_, 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>	Address	Type of Action
	·		□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Remove
			□Change

1 1 1

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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Note:	ce date, if other than the date of filing:
ne record ord is file	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 ed.
Dated ₋	Feb. 7 2022
	Signature of a member or authorized representative of a member
	Stephen E Wiseman
	Typed or printed name of signee

Filing Fee: \$25.00