# L16000072898

(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2018

KEITH KLIPSTEIN 850 PALM ST D7 MARCO ISLAND, FL 34145

SUBJECT: KEITH KLIPSTEIN LLC Ref. Number: L16000072898

We have received your document for KEITH KLIPSTEIN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 918A00003873

## **COVER LETTER**

Division of Corp	porations			
SUBJECT:	EITH KLIP	STEIN LLC ited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
		-		,
Please return all correspon	ndence concerning this matter	to the following:		
	KEIM	4 KLIPSTEIN Name of Person	<u> </u>	
	SOLA	Firm Company	D LIGHT	USA, LLC
	850	PALM ST DE	<u> </u>	
	MARCA	D ISLAND FL 3 City/State and Zip Code	54145 al com :	18 H&R Z&
For further information co	E-mail address: (i)  oncerning this matter, please ca	to be used for future annual soport noul	ication)	<b>A</b>
Keith	Dipstein	at (239) 595	-5232 \$ (Telephone Number	64:6
Country Wil		Production Daytime	refeptione estimates	
Enclosed is a check for th	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 Statu Certified Copy additional copy is encl	

### MAILING ADDRESS:

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Registration Section

TO:

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 Taliahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(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 was	ere filed on	and assigned
Florida document number	Cou so Ango	AND LIGHT USA
This amendment is submitted to amend the following:	JOEN Z	$\mathcal{L}$
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability  The new name must be distinguishable and contain the words "Limited Liability	ty company here: SOLAR	2 VOWER AND
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3AMZ	
(Principal office address MUST BE A STREET ADDRESS)		
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		🚾
Enter new mailing address, if applicable:	BAMa	:1 ×20
(Mailing address MAY BE A POST OFFICE BOX)		:1 次 
		<b>₽</b>
•		<u> </u>
B. If amending the registered agent and/or registered offic	ce address on our records, <u>ent</u>	er the name of the new
registered agent and/or the new registered office address here:		7 <sup>13</sup> <b>5</b>
		¥-
Name of New Registered Agent:	SAME	
New Registered Office Address:		
New Registered Office Addiess.	Enter Florida street address	-
	13V(.a)	
<del></del>	, Florida	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Remove
			Change
			Add
			□ Remove
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ffective date, if other than the date of filing:	- C -	64

Page 3 of 3

Filing Fee: \$25.00