# 116000084023

(Re	questor's Name)	
(Ad	dress)	
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## **COVER LETTER**

SUBJECT:	Saucillo Solar	THE LLC	
•	Name of I	imited Liability Company	
The enclosed Art	icles of Amendment and fee(s) are s	submitted for filing.	
Please return all	correspondence concerning this matt	ter to the following:	
	Wayne	Bucks CFO	
		Name of Person	
	wrb_	Enterprises, Inc.	
		Firm/Company	
	12	414 W Swann A	venue # 201
	Ta	City/State and Zip Code	•
		City/State and Zip Code	
	E-mail address:	e wrberterprises. c	fication)
For further inform	ation concerning this matter, please	•	,
Week	ne Burks	at (813) ZSI-	3737
	Name of Person	Area Code Daytim	e Telephone Number
Enclosed is a check	r for the following amount:		
□ \$25.00 Filing F	ee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

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TO:

Registration Section
Division of Corporations

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

Soucillo	Solar II, L	10		
( <u>Name of the Limite</u> (	d Liability Company as it i A Florida Limited Liability	<u>iow appears on our</u> Company)	records.)	
The Articles of Organization for this Limited Liz Florida document number <u>L168600 84</u>	ability Company were fi	led on 417	28   16	and assigned
This amendment is submitted to amend the follo				
A. If amending name, enter the new name of	-	mpany here:		
,				
The new name must be distinguishable and contain the wo	rds "Limited Liability Comp	any," the designatio	n "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	ble:	<u></u>		
(Principal office address MUST BE A STREET	"ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B				16 HAY 12 PH 2:
B. If amending the registered agent and/o registered agent and/or the new registered offi		dress on our re		coname of the nev
Name of New Registered Agent:	Sourcillo 1414 u	(Holding		
New Registered Office Address:	1414 6	Swann  Enter Florida street		2 # 201
	Tampa	Differ 2 10, tax 311 cc.		32606
	City		, Florida	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:			
thereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this close.	and complete perform ered agent as provided gestered office address thange.	nance of my duti d for in Chapter s, I hereby confi TWO Hol RB En	ies, and I am far 605, F.S. Or, if rm that the limit Ling Ling Ling Ling Ling Ling Ling Ling	niliar with and this document is ted liability  The
	II Changing Reg	istered Agent, <u>Sign</u>	ature of New Regis	itered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
mor	Saucillo Holding uc	1414 W Swann Ave #2	O   G Add
_		Tampa FL 35601	
			Change
mer	WRB Enterprises, Inc	1414 W Swann Ave # 2	ZØ\ □ Add
		Tampa FL 33606	ERemove
			Change
		•	□ Add
			□ Remove
			Change
			AMAZ 12
			Remove
		- JA	Change
			□ Add
			□ Remove
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an effec ote: I	e date, if other than the date of filing:	ing.) Pursuant to 605.02
	d specifies a delayed effective date, but not an effective time, at 12:01 a.r Oth day after the record is filed.	n. on the earlier
ited	Mace 17. 7016  Wayne Burks  Signature of a member or authorized representative of a member  Wayne Burks	
	1.1 R S.	

Page 3 of 3

Filing Fee: \$25.00