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(Business Entity Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:



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Office Use Only

ap 8/27/2023

## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			•
ou'n recen'	Salar Bear 1	LLC	
SUBJECT:	Solar Bear Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Blake	Ambrester	<del></del>
	_	Name of Person	
	S	olar Bear LLC	
		Firm/Company	
	4091	AMTC Center De	ίνε
	Clearwat	e/ FL, 33764 City/State and Zip Code	
	E-mail address: (1	a our Solar bear. Com	lication)
For further information co	oncerning this matter, please ca	all:	
Blake Amb	(PS+P)	at ( <u>7</u> <del>27</del> ) <u>542 -</u> Area Code Daytime	8029
Name o	Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	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 Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<i>y</i>	Bear		2023 /.(	IG     AM     : 18
(Name of the Li	nited Liability ( (A Florida Li	Company as imited Liabilit	it now appears o y Company)	n our records.)	
The Articles of Organization for this Limited	Liability Con	npany were	filed on 10	/27/16 TML	and assigned
Florida document number L16000195	3923				
This amendment is submitted to amend the fo	ollowing:				
A. If amending name, enter the new name	of the limite	d liability c	company here	:	
The new name must be distinguishable and contain th	e words "Limited	d Liability Co	mpany," the desig	gnation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if app	licable:		·····		<u></u>
(Principal office address MUST BE A STR	EET ADDRE.	<u>SS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)				
B. If amending the registered agent and/o agent and/or the new registered office add	•••	office addre	ess on our reco	ords, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:					
New Registered Office Address:			Essent House	street address	
			rmer Florida	street address	
			`itv	Florida _	Zip Code
		•	11/2		ing Come

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 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>	Address	Type of Action
<u>MGM</u> R	Sedonaco Inc	1,412,2	□Add
		3680 42nd Way South Unit 55 St. Petersburg FL 33711	∑ <b>∏</b> Remove
			— «
			□Add
			□Remove
			□ Change
			□Add
			Remove
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			⊡Remove
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Note:	ive date, if other than the date of filing:
the record cord is f	d 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 led.
Dated	8/10/2023
	Signature of a member or authorized representative of a member