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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SOLAR/ION SOLI	UTIONS, LLC			
			-	
			 	Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
			1	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<u>✓</u>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
]	Certificate of Fictitious Name
				Corp Record Search
				Officer Search
			l	Fictitious Search
Signature				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: BA	12/22/16			UCC 1 or 3 File
N	$\frac{12/22/16}{2}$	T:	<u></u>	UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	_ Will Pick Up			Courier

COVER LETTER

Divi	lsion of Corp	orations		
SUBJECT:	SOLAR/ION	SOLUTIONS,LLC		
SOMJECI.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		Karl M. Schmitz,III, Esq.		
			Name of Person	
		Karl M. Schmitz,III, P.A.		
		•	Firm/Company	**************************************
		701 EnterpriseRd. E., Suit	te502	
			Address	
		SafetyHarbor,FL 34695		
			City/State and Zip Code	
		karl@attorneytampa.com	to be used for future annual report notific	ortion)
			·	auony
For further in	formation con	cerning this matter, please ca	ill:	
Karl M. Schi	mitz,III, Esq.		727 450-0778 at ()	
	Name of P	erson	Area Code Daytime	Telephone Number
Englaced is a	chaok for the	following amount:		
\$25.00 Fi	ling 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)

TO:

Registration Section

MAILING ADDRESS: 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**

SOLAR/ION SOLUTIONS, LLC							
(Name of the Limited Liab (A Flor	ollity Company	as it now	appears on	our records.)			
The Articles of Organization for this Limited Liability		-			a	nd assigi	ned
Florida document number L16000228532	·						
This amendment is submitted to amend the following:	;						
A. If amending name, enter the new name of the li	mited liabili	ty comp	any here:				
SOLAR-ION SOLUTIONS, ELC							
The new name must be distinguishable and contain the words "L	imited Liability	Company	y," the desig	nation "LLC" or	the abbreviat	ion "L.L.C	2."
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADL	DRESS)						
						R-12-7-	
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1270	<u> </u>	N/V
						-, -o,	
					:: :<: :<:		Alla d'Iman
B. If amending the registered agent and/or reg	gisterea ome Idress here:	ce adar	ess on ou	r recoras, <u>e</u>	nter the n	ame or	tne nev
					ر فقر آزرغ	. A	
Name of New Registered Agent:					(D)	. 60	(
						3	
New Registered Office Address:		Ei	nter Florida s	treet address	,,%		
				T21	_		
		City		, Florid		Code	
New Registered Agent's Signature, if changing Register	red Agent:	•			·		
I hereby accept the appointment as registered agen		to act i	n this can	icity. I furthe	r 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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	_ □ Remove
		- ;	☐ Change
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			Remove
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			DEC 22
			Parents 1
		. *************************************	Change
			□ Remove
			□ Change
	***************************************		Add
		***	□ Remove
			5 6

Effective date, if other than the date of filing: optional optional fin effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. December 22 2016 Signalure of a member of a member of a member.	f amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)	
Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. December 22 [Signature of a member-or authorized representative of a member.]			
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		ed representative of a member	
	Karl M. Schmitz,III, Esq.		

Page 3 of 3

Filing Fee: \$25.00