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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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2019 APR 19 PH 1:49

C. GOLDEN APR 2 7 2019

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	Florida's Sola	ar Power Solutions, LLC		
зовјест.		Name of Limi	ted Liability Company	
The enclosed	I Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Kevin Harris		
Name of Person				
	Florida's Solar Power Solutions, LLC			
	Firm/Company			
		7712 Saganau Dr		
			Address	
		New Port Richey, FL 34655	5	
		kevinhsolarassistant@gmail.	City/State and Zip Code .com	
		E-mail address: (to	o be used for future annual report notifi	cation)
For further in	nformation cor	ncerning this matter, please ca	II:	
Kevin Harris	;		813 480-8339	
	Name of I	Person	at ()	Telephone Number
Enclosed is a	check for the	following amount:		
\$25.00 F	iling 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 ADDRESS:

TO:

Registration Section

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

FILED

2010 --

Florida's Solar Power Solutions, L1			2019 APR 19 PH 1:49
(Name of the Limit	ted Liability Company (A Florida Limited Lia	y as it now appears on our recor ability Company)	<u>rds.</u>) - 111 1-49
The Articles of Organization for this Limited L			and assigned
Florida document number L17000134282			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liabil	ity company here:	
Sun Rayz Solar, LLC			
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7712 Saganau Dr	
(Principal office address MUST BE A STREE		New Port Richey, FL 34655	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7712 Saganau Dr New Port Richey, FL 34655	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	7712 Saganau D	r Enter Florida street add	ress
	New Port Richey		Florida 34655 Zip Code
		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>	<u>Address</u>	1 ype of Action
MGR	Stephanie Miller	7712 Saganau Dr	53 A.4.4
		New Port Richey, FL 34655	
			☐ Remove
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ctive date, if other than the	ne date of filing:	date of filing or more than 90	(optional)	026
: If the date inserted in this	block does not meet the applicabl Department of State's records.			
ecord specifies a delay e 90th day after the re	ed effective date, but not a ecord is filed.	an effective time, at	12:01 a.m. on the earlie	er :
April 12	2019			
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	Signature of a member or authoriz	ed representative of a memb	ег	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00