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Office Use Only



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# **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:S	altwater Sola Name of Lim	T Hospitality L	LC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ah	Name of Person		
		Firm/Company		
	3514 Barns	staple Dr. Address		
	Tallahassee	City/State and Zip Code  City/State and Zip Code  to be used for future annual report noting		in the state of th
	Atul. Peelit E-mail address: (	tecllipse.com to be used for future annual report notin	fication)	JUL 1
For further information of	concerning this matter, please ca	all:		ー CGR 20 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Atul 1	Pate 1	at (956) 323 Area Code Daytime	3 - 1285 e Telephone Number	TO JUL 11 FA 4 52
Enclosed is a check for t	he 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 Certificate of Certified Cop (additional copy	f Status & by

## 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

Saltwater Solar Hospitality LLC	
(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 were filed on and assigned Florida document number <u>L 17000 140202</u> .	l
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:  Salwater Solar LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	· •
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	e new
Name of New Registered Agent: Atul Pate!	(2) (2) (3) (4)
New Registered Office Address: 3514 Barnstaple Dr.  Enter Florida street address	
Tallahassee , Florida 32317	

### 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

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Aril Patl	3514 Barnstapk. Dr.	Tallahawer, FL 32317 Add
		क्रिकेटिकाकः है	□ Remove
			Change
<u>Amb</u> r	Mira Patel	3574 Barnstaple Dr. Tallahass	ec, FL 132317 Ex Add
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

amending any other	information, enter	r cnange(s) nere	: (Attach additione	al sneets, if necesso	ury.)	
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ective date, if other a effective date is listed, the			o date of filing or more	(optiona than 90 days after filir		5.020
te: If the date inserted tument's effective date	l in this block does no	ot meet the applica	ble statutory filing r	equirements, this da	te will not be lis	ted a
record specifies a he 90th day after			an effective tim	ne, at 12:01 a.m	on the earl	ièr c
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led July		_, <u>2017</u>	<del>_</del> ·		<b>₩</b> 52	12 C
	A.	for the	_		2	i.
	Signature of	f a member or author	rized representative of	a member		
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Filing Fee: \$25.00