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COVER LETTER

	gistration Sec vision of Corp						
end mer.	PLAZA SO	LAR, LLC					
SUBJECT:	·	Name of Limited Li	iability Company				
The enclose	d Articles of A	emendment and fee(s) are submitted	l for filing.				
Please retur	n all correspon	dence concerning this matter to the	following:				
		CHARLES H. BALL					
			Name of Person				
		CHARLES H. BALL & ASSOC	DATES, P.A.				
			Firm/Company				
	1444 FIRST STREET, STE. B						
			Address				
		SARASOTA, FL 34236					
		City	y/State and Zip Code				
		charlesb@charleshball.com					
		E-mail address: (to be u	ised for future annual	report notification)	_		
For further	information co	ncerning this matter, please call:				一层 景	4
CHARLES	H. BALL			2-1500		78	177
	Name of	Person	at () Area Code	Daytime Telepho	one Number		FILED 11:52
Enclosed is	a check for the	e following amount:					52
\$25.00	Filing Fee	□ \$30.00 Filing Fee & □ Certificate of Status	\$55.00 Filing Fee of Certified Copy tadditional copy is end		Certified (e of Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

Plaza Solar, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Torida document number L17000175429	mpany were filed on August 8, 2017	and assigned
This amendment is submitted to amend the following:	··	
ms amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company, the designation "DLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	.	
3. If amending the registered agent and/or registe	ered office address on our records, ente	r the name of the
egistered agent and/or the new registered office addre		
Name of New Registered Agent:		<u> </u>
Name Description 1 OFF and Addison		28
New Registered Office Address:	Enter Florida street address	
	***	Zip Code 55
	, Florida _	Zip Code U

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>	Address	Type of Action
MGR	Singh RE, LLC	1579 Fitzgerald Road, North Port, F	
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	date is listed, the date date date inserted in thi							
	effective date on the					•		
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Filing Fee: \$25.00