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COVER LETTER

TO: Registration Se Division of Cor			
	RM ELECTRIC LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BRYAN AMARAL		
		Name of Person	
		Firm/Company	
	201 E SELMA AVE	, uni company	
		Address	
	TAMPA, FL 33603		PH 1:13
	juan@transformsolarfl.com	City/State and Zip Code	E 2
	_	to be used for future annual report not	ification)
For further information e	concerning this matter, please c	all:	
BRYAN AMARAL		813 504-1228 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		<u>Street Address:</u> Registration Se	ection
Registration : Division of C		Division of Co	rporations
P.O. Box 632	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRANSFORM ELECTRIC LLC			
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)		
The Articles of Organization for this Limited Liability Company we Florida document number L17000195012	ere filed on <u>09/20/2017</u>		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	ty company here:		
TRANSFORM SOLAR LLC			
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		<u>'.</u>	· • • • · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	³ ပ်
		<u> </u>	্য :
		SEG SEG	
Enter new mailing address, if applicable:		E SI	 •
Mailing address MAY BE A POST OFFICE BOX)		L I	ယ
Maning dadress MAT BE A FOST OFFICE BOX			
	days on our records enter th	o noma	of the new regi
3. If amending the registered agent and/or registered office adegent and/or the new registered office address here:	gress on our records, enter tr	ic manie	of the new regi
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flor	ida	
	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 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
			□ Add
			□Remove
			⊡ Add
			Remove
			Remove
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ective date, if other to effective date is listed, the te: If the date inserted cument's effective date	e date must be specific a in this block does no	and cannot be prior to t meet the applica	o date of filing or me ble statutory filing	ore than 90 days aft	r ional) er filing.) Pu iis date wil	rsuant to I not be	o 605.020 e Tisted a
	d effective date, but r	not an effective tin	ne, at 12:01 a.m. c	on the earlier of: ((b) The 9	Oth day	after the
ecord specifies a delayer s filed. tedMarch	30 Pund	2023					