L17000219958

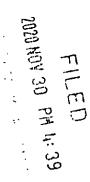
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400355689284

11/30/20--01023--028 **60.00



1/13/21

COVER LETTER

TO:	Registration Sec Division of Corp		·	, ,	· .
CUBIE		GY SAVINGS PROGRAM L	.LC	••	
SUBJE	νι: <u>_</u> ,	Name of Lim	ited Liability Company		
The encl	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspor	ndence concerning this matter	to the following:		
		LOGAN HENDERSON			
			Name of Person		
		USA ENERGY SAVINGS	S PROGRAM LLC		
			Firm/Company		
		4849 RED EGRET DR			
			Address		
		JACKSONVILLE, FL 322	257		
		·	City/State and Zip Cod	le	
		LOGAN.FLRSC@GMAIL	.COM to be used for future annu		
r c.i				ai report notification	11.)
ror turti	ner information co	oncerning this matter, please c	aii:		
LOGAN	HENDERSON		904	762-6645	
	Name of	Person	Area Code	Daytime Telep	phone Number
Enclosed	d is a check for th	e following amount:			
□ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is o		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S			Address: tration Section	

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USA ENERGY SAVINGS PROGRAM LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000219958	were filed on 10/24/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
FLORIDA ROOF AND SOLAR CONTRACTORS		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	the abbreviation .L.C."
Enter new principal offices address, if applicable:	4849 RED EGRET DR	20 N
Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32257	77
Enter new mailing address, if applicable:		# F: 3
Mailing address MAY BE A POST OFFICE BOX)	39	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Earl Florida and H	
	Enter Florida street address	
	Florida	
	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 = M	lanager		
AMBR = A	authorized Member	<u>Address</u>	Type of Action
Title	<u>Name</u>	Auuress	Type of Action
			□Add
			□Remove
			□ Change
			□ Add
			Regnove
			□ Change
			REMOVE RESTRICT RESTR
			□Change
			Lichange
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□ Add
			□

_____ Change

					· ;			
			· 					
								-
		 			<u></u>			
							-,	20
							.,	¥ 02
							:	\(\frac{\fir}{\fint}}}}}}}}{\frac}}}}}}}}}}}}}{\frac
							· · ·	<u>8</u> ,2
							. 7) <u></u>
								
			<u></u>				39	·
								
								
ective date, if other	er than the date	of filing: _				(option	al)	
n effective date is listed te: If the date inser	I, the date must be spe ted in this block do	xific and can es not meet	inot be prior it the applica	to date of filin ible statutor	ig or more than y filing requir	90 days after fil ements, this d	ing.) Pursuant ate will not l	to 605.020 se listed as
ument's effective d				•		•		
cord specifies a dela s filed.	ayed effective date,	but not an	effective tir	me, at 12:01	a.m. on the e	arlier of: (b)	The 90th da	y after the
s med.								
ed NOVEMBER 2	!5	2	2020					
<u></u>				<u> </u>				
	_	H	Z_					
	Signat	ure of a mem	ber or autho	rized represer	ntative of a me	nber		

Filing Fee: \$25.00