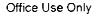
118000059896

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

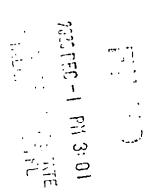




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12/61/23--01011--003 **25.00

12/14/23



COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	ERAKI SOI	LAR LLC					
		Name of Lim	ited Liability Compar	ıy			
The enclosed Art	ticles of An	nendment and fee(s) are sub	mitted for filing.				
Please return all	correspond	ence concerning this matter	to the following:				
		JACQUIE BOLINGER					
			Name of Perso	n		_	
		MERAKI SOLAR LLC					
			Firm/Compan	y		_	
	21 N NEW WARRINGTON RD						
		·	Address			_	
	PENSACOLA, FL 32506						
			City/State and Zip	Code		-	
		ACCOUNTING@MERAK				35	
		E-mail address: (to be used for future a	nnual report no	otification)	2023 DEC	21
For further inform	nation con	cerning this matter, please ca	all:			5	, 1
JACQUIE BOLI	INGER		404 at (839-0384			•
	Name of Po	erson	Area Code	Dayt	ime Telephone Number	PH 3: 01	
Enclosed is a che	eck for the f	following amount:				ri —	
■ \$25.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional copy	ру	Certified	ite of Status &	
Registi Divisio P.O. B	Address: ration Secon of Cor ox 6327 assee, FL	ction porations	Re Div Th	e Centre of	Section orporations "Tallahassee roe Street, Suite 8		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERAKI SOLAR 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 Compa	ny wara filad on 03/07/2018	and assigned
Florida document number L18000059896	ny were med on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "L1.C" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
Trincipii office duaress (1001 DE 7101 NEET . 1171 NEES)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic		ru)
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		P
	Enter Florida street address	3: 01
	, Florid	a
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance of my duties, and 1 as provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
If C	hanging Registered Agent, Signature of New	w 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>	Type of Action
AR/AP	JONATHAN MCDONALD	21 N NEW WARRINGTON RD	□Add
		PENSACOLA, FL 32506	¶Remove \(\overline{\Pi}\)
			□Change
			□Add
			□Remove
			□Change
			□Add
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			11/27/202			<u> </u>	ofic - 1 Pi
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Filing Fee: \$25.00