## 118000124768

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## **COVER LETTER**

	on Section f Corporations
ALL SUBJECT:	Pros Solar LLC
30 b/1.C.1.	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	Angela Walker
	Name of Person
	All Pros Solar LLC
	Firm/Company
	1607 MLK BLVD
	Address
	Panama City, Fl. 32405
	City/State and Zip Code Awmommy2jw@gmail.com
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
Angela Walker	850 527 - 2977 at ()  Area Code Daytime Telephone Number
```	Fame of Person Area Code Daytime Telephone Number
Enclosed is a check	c for the following amount:
로 \$25.00 Filing I	Fee \$\Bigcup \$30.00 \text{ Filing Fee & }\Bigcup \$55.00 \text{ Filing Fee & }\Bigcup \$60.00 \text{ Filing Fee, }\Bigcup \$Certificate of Status & Certified Copy (additional copy is enclosed)}  Certified Copy (additional copy is enclosed)

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

All Pros Solar LLC.			
(Name of the Limite	d Liability Compa (A Florida Limited	any as it now appears on our recor Liability Company)	<u>'ds.</u> )
he Articles of Organization for this Limited Li	ability Company	were filed on 5-17-2018	and assigned
orida document number L18000124768	<del></del> ·		
nis amendment is submitted to amend the follo	owing:		
. If amending name, enter the new name of	the limited liab	oility company here:	
ne new name must be distinguishable and contain the wo	ords "Limited Liabi		.C" or the abbreviation "L.L.C."
nter new principal offices address, if applica	able:	N/A	<b>8</b> Y <sub>S</sub>
Principal office address MUST BE A STREET ADDRESS)			38 (S
			6 T
nter new mailing address, if applicable:		N/A	AH RPCK
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			∞ ∺
3. If amending the registered agent and/oregistered agent and/or the new registered of			
No. 11 CN. 12 Decimand Access			
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	N/A	Futar Florida etrası adılı	per
	N/A	Enter Florida street addr	ess Florida

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	James Walker	1607 MARTIN LUTHE KING Blvd Panama City, Fl 32405	Add
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factive date if other than	the date of filing:	(opt	ional)	
n effective date is listed, the date te: If the date inserted in the	must be specific and cannot be prior to dat is block does not meet the applicable see Department of State's records.	e of filing or more than 90 days after	er filing.) Pursuant to 6	05,020 isted as
record specifies a dela The 90th day after the	yed effective date, but not an record is filed.	effective time, at 12:01	a.m. on the ear	lier o
ted	2018			
/	Signature of a member or authorized			

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Typed or printed name of signee

Filing Fee: \$25.00