

L18000124768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

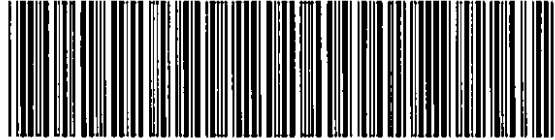
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 27 2018

S. YOUNG

COVER LETTER

1. Registration Section
Division of Corporations

All Pros Solar LLC.

UP FCT: _____
Name of Limited Liability Company

2. Articles of Amendment and fee(s) are submitted for filing.

3. Return all correspondence concerning this matter to the following:

Angela Walker

Name of Person

ALL Pros Solar LLC.

Firm/Company

1607 Martin Luther King Blvd

Address

Panama City, FL 32405

City/State and Zip Code

Solarguyjazzysinc@gmail.com , awmommy2jw@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Walker

850 625 2091

at ()

Name of Person

Area Code

Daytime Telephone Number

4. I am enclosing a check for the following amount:

☒ \$0 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:
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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

All Pros Solar LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 3/25/2018 and assigned
document number L18000124768.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

NA

(office address MUST BE A STREET ADDRESS)

new mailing address, if applicable:

NA

(address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

**Amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

NA

New Registered Office Address:

NA

Enter Florida street address

_____, Florida _____
City Zip Code

Registered Agent's Signature, if changing Registered Agent:

*I 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
understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
submitted 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

ing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
and from our records:

Manager

Authorized Member

Name

Address

Type of Action

James Walker

1607 Martin Luther King Blvd ,
Panama City, Fl. 32405

☒ Add

☐ Remove

☐ Change

Jim Samson

12413 Two Trail Rd , Fountain,
Fl. 32438

☒ Add

Contractor: Above All
Construction and Remodeling

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

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SECRETARY OF STATE

ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the document specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
90th day after the record is filed.

October 3, 2018



Signature of a member or authorized representative of a member

Angela Walker

Typed or printed name of signee