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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Dx	ocument Number)	
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COVER LETTER

TO:	Registration Sec Division of Corp		€	
	TI OTT	LAR OF FLORIDA, LLC		
SUBJ	ECT:		ited Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		LAWRENCE W BELL		
			Name of Person	
		BELL MANAGEMENT G	BROUP, INC	
			Firm/Company	
		P.O. BOX 33369		
			Address	···
		INDIALANTIC, FLORIDA	A 32903	
			City/State and Zip Code	
		LBELL@STATESOLARC		
		E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
LAW!	RENCE W BELL		561 504-2011 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for the	e following amount:		
■ \$2	25.00 Filing Fee	□ \$30.00 Fiting 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STATE SOLAR OF FLORIDA,			
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on	05/222018	and assigned
Florida document numberL18000135363	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	福
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the	e abbreviation "L. Le."
Enter new principal offices address, if appli	cable:		ME & M
Principal office address MUST BE A STRE.	ET ADDRESS)		世界 里 〇
			(g) (y)
			5 B
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u></u>		
			,
B. If amending the registered agent and		our records, ent	er the name of the
registered agent and/or the new registered of	office address here:		
Name of New Registered Agent:	LEON M. BOYAJAN II, P.A.		
New Registered Office Address:	2303 W HIGHWAY 44		
	Enter Flor	ida street address	"
	INVERNESS	, Florida	34453
	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

Page 1 of 3

. 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
AMBR	POPP, DAVID C	1008 NODDING SHADE DRIVE	
		BROOKSVILLE, FL 34604	■ Remove
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			C Remove
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			FOR SAME
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	specifies a delayed on the second sec		te, but not	an effective	e time, at 1:	2:01 a.m. c	on the earlier o
ted	JULY 27		2018				
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Typed or printed name of signce

Filing Fee: \$25.00