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## COVER LETTER . . . .

TO:	Registration Sec Division of Corp					
	WG SOLA	R LLC				
SUBJI	ECT:	Name of Limit	ed Liability Company			
The en	closed Articles of a	Amendment and fec(s) are subm	nitted for filing.			
Please	return all correspo	ndence concerning this matter to	o the following:			
		William A Gutierrez Leal			,	
			Name of Person			
		WG SOLAR LLC	Pane VI / Cixin			
			Firm/Company			
		897 Cotton Bay Drive E (1				
			Address			
		West Palm Beach, Florida 3	3406			
		willigu80@gmail.com	City/State and Zip Code			
		E-mail address: (to	be used for future annual report notified	tion)	2018 13.51 13.51	
For fu	rther information co	oncerning this matter, please ca	II:		SEP	-
Willia	am A Gutierrez Lea	l 	561 8274971 at ()		910 010	-
	Name o	f Person	Area Code Daytime T	elephone Number	PN 2:	g t
Enclos	sed is a check for th	ne following amount:			(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	
<b>■</b> \$2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing For Certificate of \$ Certified Copy (additional copy is	Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WG SOLAR LLC				
( <u>Name of the Limi</u>	ted Liability Compa (A Florida Limited)	ny as it now appear ,iability Company)	rs on our records.)	
The Articles of Organization for this Limited L  Florida document number	iability Company	were filed on	08/06/2018	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company h	ere:	
N/A				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the c	lesignation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:		<u>.</u>	
Principal office address MUST BE A STREE		N/A		
Trincipal Office dadress brost ble A STACE	1171171113017		<u> </u>	5.2. 8
		<del></del>		- consu
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)		IN/A		
				Signal 🚮
B. If amending the registered agent and registered agent and/or the new registered o	/or registered o ffice address her	ffice address or <u>re</u> :	n our records, <u>ent</u>	er the name of the nev
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
iven registered Office radicas.		Enter Flo	rîda street address	
			. Florida	
		City	, 1 101 1Ua	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 'ability 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	T. pe of Action
AMBR	William A Gutierrez Leal	897 Cotton Bay Dr E, West Palm Beach FL 33406	Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change
		<del></del>	A SE
			SE Remove
			Remove
			Change
			Add
		<u></u>	Remove
			☐ Change

<del></del>
NE COL
 <u> </u>
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Typed or printed name of signee

Filing Fee: \$25.00