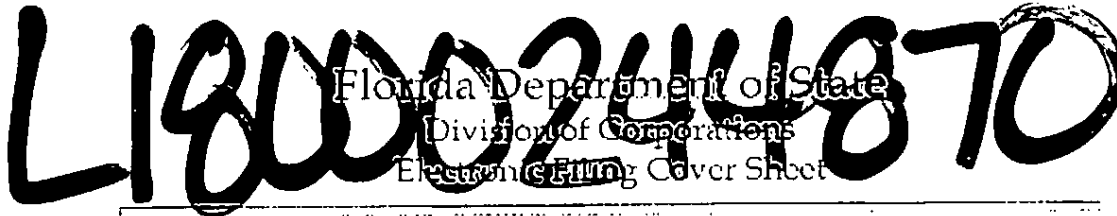


Division of Corporations

Page 2 of 5



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : API PROCESSING  
Account Number : 120110000059  
Phone : (954)567-0013  
Fax Number : (954)567-3401

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: kathy@apiprocessing.com

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TALLAHASSEE, FL

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IMPACT SOLAR, LLC

Certificate of Status	0
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Page Count	04
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DEC 21  
S. PRATHER

01:08 PM 02/05/2018

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Page 3 of 5

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Impact 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 Company were filed on October 18, 2018

Florida document number L18000244870

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If 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:

New Registered Office Address:

Enter Florida street address

Florida

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

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SHELBY COUNTY, FL  
and associated

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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>	<u>Type of Action</u>
AMBR	CHARLES KARTSAKLIS	1 CRISFIELD ROAD	<input type="checkbox"/> Add
		SICKERVILLE, NJ 08501	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KEITH C. OWENS	210 EAST BEARSS AVENUE #247	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33613	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

F. 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 605.11207 (3)(b)

**Note:** 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.

(b) The 90th day after the record is filed.

Dated ✓ December 14, 2018

Keith Owens: Digitally signed by Keith Owens  
Date: 2018.12.11 10:18:14 -05'00

Digitally signed by Keith Owens  
Date: 2018.12.11 10:18:14 -05'00

Signature of a member or authorized representative of a member

Keith C. Owens

Typed or printed name of signer

Page 3 of 3

**Filing Fee: \$25.00**

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Page 1 of 5



December 19, 2018

FLORIDA DEPARTMENT OF STATE  
Division of CorporationsIMPACT SOLAR, LLC  
1 CRISFIELD ROAD  
SICKLERVILLE, NJ 08081USSUBJECT: IMPACT SOLAR, LLC  
REF: L18000244870

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt  
Regulatory Specialist IIIFAX Aud. #: H18000354807  
Letter Number: 818A00026028

2018 DEC 20 AM 8:48

P.O. BOX 6327 - Tallahassee, Florida 32314