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S. PRATHER

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:		ITING & ELECTRIC LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		ALVARO LOPEZ SARA		
			Name of Person	*****
			Firm/Company	
		7349 SMITH BROOKE D	PRIVE	
			Address	
		LAKE WORTH, FL 3346	57	
			City/State and Zip Code	
		ALVAROLOPEZSARA@	GMAIL.COM	
		E-mail address: (to be used for future annual report notif	ication)
For further in	formation co	ncerning this matter, please co	all:	
ALVARO L	OPEZ SARA		561 756-1278 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	iling 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:

TO:

Registration Section

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

SOLO LIGHTING & ELECTRIC LLC		26
(Name of the Limited Liability Com	pany as it now appears on our record d Liability Company)	2016
(A Florida Limite	d Liability Company)	DEC F
The Articles of Organization for this Limited Liability Compar	y were filed on 10/30/2018	And assigned
Florida document number 1.18000254875		cut, [13
This amendment is submitted to amend the following:		F. F. G. S. S.
A. If amending name, enter the new name of the limited lia	ability company here:	
SOLO LIGHTING ELECTRIC LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		s, enter the name of the new
Name of New Registered Agent:	"	
New Registered Office Address:		
	Enter Florida street addres	53
		orida
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>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	Type of Action
			Add
			□ Remove
			Change
			Add
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	ate, if other than t	must be specific and	cannot be prior to	date of filing or mor le statutory filing i	(optio than 90 days after tequirements, this	filing.) Pursuant	t to 605.020 be listed as
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(If an effective Note: If the document's the record The 90th	date inserted in this effective date on the specifies a delay a day after the re	ved effective di ecord is filed.	ate, but not a	an effective tin			earlier o 2018

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Filing Fee: \$25.00