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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Sun Propo	erty Power Developers LLC		
JOBSECT	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following;	
	Scott Wetzler		
		Name of Person	
	Sun Property POwer Deve	elopers LLC	
		Firm/Company	
	3648 N Goldenrod rd		
	Winter Park, Fl, 32792	Address	<del></del>
	Wetzler.Scott@gmail.com	City/State and Zip Code	<del></del>
	E-mail address:	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
Guillermo Rendon		786 2166038 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for the	he following amount:		
\$25,00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sun Propertty Power Developers, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company	were filed on Feb 14,2019	and assigned
Florida document number L19000045348		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3081 Bluebrook Dr	
Principal office address MUST BE A STREET ADDRESS)	Winter Park, FI,	.m
	32792	1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5
	2000 W.D	
Inter new mailing address, if applicable:	3960 W Broward Blvd #101	23 00 1
Mailing address MAY BE A POST OFFICE BOX)	Ft Lauderdale, Fl	
	33312	<u> </u>
<ol> <li>If amending the registered agent and/or registered of egistered agent and/or the new registered office address here</li> </ol>	ffice address on our records, e:	enter the name of the nev
	_	
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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, enter the title, name, and address of each person being added or removed from our records:

•	
***	••
MGH =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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D. If amending any other information, enter change(s) here: (Attach addition)	onal sheets, if nece	ssary.)		
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E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or me	(option	:> ial)		- <b>/ 05</b> 0207 /20
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	g requirements, this d	late will	not be	listed as the
If the record specifies a delayed effective date, but not an effective ti (b) The 90th day after the record is filed.	me, at 12:01 a.r	n. on	the e	arlier of:
Dated <u>07/12/19</u>				
Jandon C				
Signature of a member or authorized representative of	of a member			_
Typed of printed name of signee	Kondon			-