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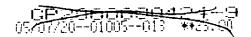
| (Re                                    | questor's Name)   |             |
|--|-------------------|-------------|
| (Ad                                    | dress)            | <del></del> |
| —————————————————————————————————————— | dress)            |             |
| (Cit                                   | y/State/Zip/Phone | #)          |
| PICK-UP                                | ☐ WAIT            | MAIL        |
| (Bu                                    | siness Entity Nam | e)          |
| (Do                                    | cument Number)    |             |
| Certified Copies                       | _ Certificates    | of Status   |
| Special Instructions to                | Filing Officer:   |             |
|  |                   |             |
|  |                   |             |
|  |                   |             |
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Office Use Only



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Amend Name Chs

MAY 2 7 2020

**LALBRITTON** 

## **COVER LETTER**

|  | Registration Se<br>Division of Cor |   |  |  |
|--|------------------------------------|---|--|--|
| CHD IE   |                                    | Solar Group LLC                           |  |  |
| SUBJECT: Name of Limited Liability Company                         |                                    |   | <del></del>  |  |
|  |                                    |   |  |  |
| The encl   | osed Articles of                   | Amendment and fee(s) are sub              | omitted for filing.  |  |
| Please re  | turn all correspo                  | ondence concerning this matter            | to the following:  |  |
|  |                                    | Jose Paradelo                             |  |  |
|  | Name of Person                     |   |  |  |
|  |                                    |   | Firm/Company   |  |
|  |                                    | 3150 SE 22nd Ave                          |  |  |
|  |                                    |   | Address  |  |
| Ocala, Fl 34471  |                                    | Ocala, Fl 34471                           |  |  |
|  |                                    |   | City/State and Zip Code  |  |
|  |                                    | jpnyckid@aol.com                          | to be used for future annual report no                           | tification)  |
| For furth  | er information c                   | oncerning this matter, please c           | •  | uncation   |
| Jose Para  | adelo                              |   | 646 530-2298   |  |
|  | Name o                             | f Person                                  | Area Code Daytir   | me Telephone Number  |
| Enclosed   | is a check for th                  | ne following amount:                      |  |  |
| <b>≡ \$2</b> 5.  | 00 Filing Fee                      | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|  | Mailing Addres                     |   | Street Address:  |  |
| Registration Section   |                                    | <del>-</del>                              | Registration Section Division of Corporations                    |  |
| Division of Corporations<br>P.O. Box 6327<br>Tallahassee, FL 32314 |                                    | The Centre of                             |  |  |
|  |                                    |   | oe Street, Suite 810   |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| as it now appears on our records.) bility Company) ere filed on                        |  |
|--|--|
| as it now appears on our records.) bility Company) ere filed on02/26/2019 and assigned |  |
| as it now appears on our records.) bility Company) ere filed on                        |  |
| as it now appears on our records.) bility Company)  ere filed on                       |  |
| ere filed on and assigned  |  |
| ere filed on 02/26/2019 and assigned   |  |
| ere filed on and assigned  |  |
|  |  |
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|  |  |
| ty company here:   |  |
|  |  |
| Company," the designation "LLC" or the abbreviation "L.L.C."                           |  |
| 3150 SE 22nd Ave<br>Ocala, FL 34471  |  |
|  |  |
| PO Box 5704  |  |
| Ocala, Ft 34478  |  |
|  |  |
|  |  |
| dress on our records, <u>enter the name of the new register</u>                        |  |
|  |  |
|  |  |
| Enter Florida street address   |  |
| , Florida  |  |
| . rigitua  |  |
| 1 (  |  |

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:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address                                | Type of Action |
|--------------|-------------|--|----------------|
| •            |             |  | □Add           |
|              |             |  | □ Remove       |
|              |             |  | Change         |
|              |             |  |                |
|              |             |  | Remove         |
|              |             | Change                                 |                |
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|              |             | 1————————————————————————————————————— | □Remove        |
|              |             |  | □ Change       |
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|              |             |  | □Remove        |
|              |             |  | ☐ Change       |
|              |             |  |                |
|              |             |  | Remove         |
|              |             |  | □Change        |

| D. If a                 | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
|-------------------------|---|
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|                         |   |
| (If an<br><u>No</u> (   | ective date, if other than the date of filing:  obs/06/2020  (optional)  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 605.0207 (3)(1)  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records. |
| If the re-<br>record is | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the s filed.  |
| Dat                     | ed May 5th 2020   |
|                         | Signature of a member or authorized representative of a member  |
|                         | Jose Paradelo   |
|                         | Typed or printed name of signee   |