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2019 MAY 30 AM (1: 53 SECRETARY OF SPACE

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COVER LETTER

SUBJECT: _	Solar Impa	et, LLC	·	
	•		ited Liability Company	
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	II correspo	ndence concerning this matter	to the following:	
		Elaine Jacobson		
			Name of Person	
		Solar Impact		
Firm/Company				
		4509 NW 23rd Ave, Ste 20	0	
		Address		
		Gainesville, FL 32606		
		info@solarimpact.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifie	cation)
For further info	ormation co	oncerning this matter, please ca	all:	
James Bakhau	s		352 338-8221	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a c	heck for th	e following amount:		
■ \$25.00 Fili	ng 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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solar Impact, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our recontied Liability Company)	rds.)
ne Articles of Organization for this Limited Liability Comp	pany were filed on _04/04/2019	and assigned
orida document number 1.19000093856		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS	<u> </u>	
		2019 FALL
		THE THE
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		
	-	3 9
If amending the registered agent and/or registered gistered agent and/or the new registered office address	d office address on our record	ds, enter the name of the
istered agent and/or the new registered office address	<u>nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
	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

ii 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>	Type of Action
MGR	Jacobson, Elaine		
		4509 NW 23rd Avenue, Ste 20, Gainesville, FL 32606	■ Remove
			□ Change
MGR -	Bakhaus, James	4509 NW 23rd Avenue, Ste 20, Gainesville, FL 32606	Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			SECOL MARGINOVE J. L. A.H. A. L. A.H. A. L. A. L
			Remove 130 130 130 130 130 130 130 130 130 130
			□ Remove
			□ Change
			Add
	,	···	Remove
		****	□ Change

•		tion, enter change(s) here: (Attach a unbiz website. Thanks. 30-1192917		
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(If an effe Note:	If the date inserted in this b	t be specific and cannot be prior to date of fili	(optional) ng or more than 90 days after filing.) Pursuant to 605.0 ry filing requirements, this date will not be listed	
	ord specifies a delaye 90th day after the red		tive time, at 12:01 a.m. on the earlie	r of:
Dated _.	May 28	2019		
	30/h/			
		Signature of a member or authorized represe	entative of a member	
	Barry M Jacobson			
		Typed or printed name of sign	gnee	

Page 3 of 3

Filing Fee: \$25.00