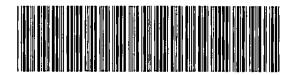
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COVER LETTER

TO: Registration Section
Division of Corporations

The enclosed Articles of Amendment and fee(s) are submitted for filing.

SUBJECT: TIER ONE SCHAR PANEL INSTALLATION AND DESIGN ENCONGERING FIRA, LLC
Name of Limited Liability Company

	Harold Harper		
		Name of Person	
		Firm/Company	
	8817 Metheny Circle	,	
	Tampa, FL 33615	Address	 -
	haharper@verizon.net	City/State and Zip Code	
For further information	E-mail address: (to be used for future annual report notif	ication)
Harold Harper	oction in grand and	813 394-7494 at ()	
Name (of Person		· Telephone Number
Enclosed is a check for t	the 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

TITE ONE SOLAR PANEL TWITALLATION AND DESIGN ENGINEERING FIRM, LIC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

ere: designation "LLC" or the	e abbreviation "L.L.C."
	e abbreviation "L.L.C."
	e abbreviation "L.L.C."
lesignation "LLC" or the	e abbreviation "L.L.C."
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our records, ent	ter the name of the
rida street address	
Florido	
, Fiorida	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ALVIN HARPER	104 HEATHERWOOD BLVD LAKE WALES, FL 33859	
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ne 90t	th day afte	a delayed e er the record	d is filed.	•	out not	an effec	tive time	e, at 12:(01 a.m. or	1 the ϵ	earlier o
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Filing Fee: \$25.00