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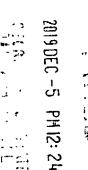
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Harold Harper		
	-	Name of Person	
	TIER ONE SOLAR PANE	L INSTALLATION AND DESIG	ON ENGINEERING
		Firm/Company	
	8817 Metheny Circle		
		Address	
	Tampa FL 33615		
		City/State and Zip Code	-
	harold@t1solarfirm.com		
	E-mail address: (to	o be used for future annual report not	ification)
For further information co	oncerning this matter, please ca	11:	
Harold Harper		813 394-7494 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addres		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632		Division of Col The Centre of 1	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIER ONE SOLAR PANEL INSTALLATION AND DESIGN ENGINEERING FIRM, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 5/17/2019 ___ and assigned Florida document number ______119000134358 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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	PATRICK POTTS	4052 MARLOW LOOP, LAND O LAKES, FL 3465	39 □Add
			= Remove
			□Change
			🗆 Add
		□Remove	
			□Change
			🗀 Add
		□Remove	
			□Change
			□Add
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		 	□Remove
			□Change

	
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(If an effect Note: It	date, if other than the date of filing:
he record ord is file	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	12-4 <u>2019</u> .
	4050
	Signature of a member or authorized representative of a member HAROLO Harrer Typed or printed name of signee