o: Page 3 of 8 Division	2020-01-20 10:33:59 Par a of Corporations Florida Department of State Division of Corporations Electronic Filing Cover Sheet
	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
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	To: Division of Corporations Fax Number : (650)617-6383
	From: Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889
64 :9 KA	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
2020 JAN 21	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REMOTE PV LLC
2020	Certificate of Status 0 Certified Copy 1 Page Count 07 Estimated Charge \$55.00
	Y SULKER
	JAN 2 2 2020

Electronic Filing Menu Corporate Filing Menu

Help

To: Page 4 of 8 850-617-6381



January 7, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

REMOTE PV LLC 4201 SUNNY BROOK WAY 103 WINTER SPRINGS, FL 32708US

SUBJECT: REMOTE PV LLC REF: L19000168729

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator FAX Aud. #: H20000006404 Letter Number: 820A00000399

COVER LETTER

το:	Registration Section
	Division of Corporations

REMOTE PV LLC SUBJECT:

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th FL

Address

Glendale, CA 91203

City/State and Zip Code

ecorumiii@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

Chevenne Moseley	800	773-0888
Name of Person	at () Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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 Talfahassee, 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

REMOTE PV LLC				
(Name of the Limited Liability Compa (A Florida Linuted L	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>1.19600168729</u>	were filed on <u>06/27/2019</u> and assigned			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" of the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1510 Avalov Blvd			
(Principal office address MUST BE A STREET ADDRESS)	Casselberry, FL 32707			
Enter new mailing address, if applicable:	1510 Avalon Blvd			
(Mailing address MAY BE A POST OFFICE BOX)	Casselberry, FL 32707			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the ne			
Name of New Registered Agent:	רד: <u>ב</u> ס גי			
New Registered Office Address:	Enter Florida street address			
	, Florida CityZip Cock			

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

To: Page 7 of 8

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

• •

Title	Name	Address	Type of Action
AMBR	Ellsworth Conim III	1510 Avalon Blvd	O Add
		Casselberry, FL 32707	🛙 Remove
			E Change
AMBR	Desmond R Pressey	4201 Sunny Brook Way, Apt 103	_
		Winter Springs, FL 32708	
			_
			Remove
			Change
		<u> </u>	O Add
			Remove
		·	🛄 (Thange
			Add
			Remove
			Change
			🗖 Add
			Remove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Dated December 32th 2019	
Contest for the second se	
Signatur of a member or Shuhonzert mpresustative of a member	
Ellsworth Corum III	
Typed or printed name of signee	

Filing Fee: \$25.00