## K19000203596

(Re	equestor's Name)	
(Ad	dress)	
(Ád	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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2022 JUN -3 PM I2: 2

## **COVER LETTER**

Div	rision of Corp	oorations		
	Solarpreneur			
SUBJECT:		Name of Limit	ed Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please retur	n all correspoi	ndence concerning this matter to	o the following:	
		Joseph Nguyen		
			Name of Person	
		Solarpreneur LLC		
			Firm/Company	
		14149 Paradise Tree Drive		
			Address	
		Orlando, FL 32828		
			City/State and Zip Code	
		joseph@josephnguyen.org	o be used for future annual report n	otification)
For further	information c	oncerning this matter, please ca		
Joseph Ngi	uyen		407 2798320 at ()	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is	s a check for t	he following amount:		
<b>■</b> \$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)
			Street Address	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Solarpreneur LLC

(Name of the Limited Liability Company as it now appears on our records) WE FARY UFS TATE

2022 JUN -3 PM 12: 23

	(A Florida Linned Liability Company)	IALLAHASSEE. FL
The Articles of Organization for this Limited Li		and assigned
Plorida document number 1.19000203596	·	
This amendment is submitted to amend the folk	owing:	
a. If amending name, enter the new name of	the limited liability company here:	
One Satori LLC		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	<u></u>
B. If amending the registered agent and/or r		nter the name of the new regis
igent and/or the new registered office addres	s here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	uldress
		, Florida
	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 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
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Change
			□Remove
			Change
			□Add
			□Remove
			□ Change

		///////////////////////////////////////		tative of a member			
Dated May 18th		_ · 2022	·				
record specifies a delayed effect d is filed.			time, at 12:01 :	a.m. on the earlie	er of: (b) The <sup>c</sup>	90th day afte	er the
ffective date, if other than the an effective date is fisted, the date in lote: If the date inserted in this ocument's effective date on the	block does no Department o	t meet the apph f State's record	icable statutory s.	ming requireme	ms, this date wi	II HOLDE HS	icu iis
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