L19000 230 112

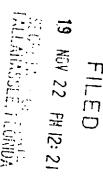
(Red	uestor's Name)	
·	·	
(Add	dress)	
(Add	iress)	
(City	//State/Zip/Phon-	<u> </u>
(Oit)	, otate, z.ipii non	c
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nar	me)
(0		
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	,
	4085	

Office Use Only



100335816371

10/21/19--01018--013 **\$5.00



NOV 25 2019 S. YOUNG



November 12, 2019

MARY AMMONS 320 SOLAR LLC 38112 15TH AVENUE ZEPHYRHILLS, FL 33542

SUBJECT: 320 SOLAR LLC Ref. Number: L19000230112

We have received your document for 320 SOLAR LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 819A00023253

Shelia H Young Regulatory Specialist II

.

COVER LETTER

TO: Registration Security Division of Corp.			
subject: <u>32</u>	O SOIBR C Name of Limit	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:	
	U	Ammons Name of Person Solar Eirm/Company	C.
		Firm/Company	
	<u> 38/12 13</u>	Sty Ave Address	
		City/State and Zip Code 320 Solar. Code obe used for future annual report noting	
For further information c	n-man address: (to oncerning this matter, please ca	·	Katton
MANY B Name o	Ammons (Person	at (<u>8/3</u>) <u>863 (Daytime</u>	POOS Telephone Number
Enclosed is a check for the	ne 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)
	ING ADDRESS:	STREET/COURI Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

لادد

(A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on and assigned
Torida document number <u>L19000 Z30112</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ibility company here:
he new name must be distinguishable and contain the words "Limited Lia	hility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	38/12 15th Ave
Principal office address MUST BE A STREET ADDRESS)	Zephyrkills FL 33542
Enter new mailing address, if applicable:	38112 15th me
Mailing address MAY BE A POST OFFICE BOX)	Zephyrnills FC 33542
egistered agent and/or the new registered office address he	ere:

If Changing Registered Agent, Signature of New 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>	Name	Address	Type of Action
MGR	CARRIC Hall	5850 1344 5+	Add
		5850 13 th St Zephyrhills FC 335	YZ Remove
			🗆 Change
			🗆 Add
		· · · · · · · · · · · · · · · · ·	☐ Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change

•	·			•	•				
							•		
					 ·				
									
									
							•		
_									
							-		<u> </u>
							•		
									
	<u> </u>								
									
									
									,
fective	e date, if othe	r than the dat the date must be:	e of filing:	nnot be prior to	whate of tiling	ar more than 9	0p) In 20ch ⊔€	tional) er filme i Pu	rsonst to 605 020
<u>ote:</u> If	the date inserte	ed in this block	does not mee	et the applical	ole statutory t	iling require	ements, t	his date will	not be listed a
ocumen	it's effective da	te on the Depar	tment of Stat	e's records.					
ereco	rd specifies	a delayed ef	fective dat	e, but not	an effectiv	e time, a	t 12:01	a.m. on	the earlier o
The 9	Oth day afte	er the record	is filed.						
ated _	11/19/1	9				1	•		
			 سرر	7/1-			_		
					MA	1			
	•	Sig	flure of a me	ober or author	iz a en esenti	ive of a men	nber		
		_	MAry		name of signs				

Page 3 of 3

Filing Fee: \$25.00