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# McCullough Legal Services, LLC

5237 Summerlin Commons Boulevard, Suite 214, Fort Myers, Florida 33907 Ph: 239-331-4333, Fax: 941-237-5687

> Stephania Eronstein Silva Paralegal <u>Silva@mls941.com</u>

November 1, 2019

### VIA CERTIFIED MAIL -TRK#: 7019-0160-0000-00447-2126

Florida Department of State Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32314

Re: Request for amend Limited Liability Company Name.

Dear Sir/Madam:

This firm represents the Solaright Limited Liability Company. We are requesting to amend the name for SOLARGUARD, LLC Company.

Enclosed please find the Articles of Amendment form and a \$25.00 check for the filling fees.

Should you have any questions, comments or concerns, please do not hesitate to contact the undersigned.

Thank you.

Very truly yours.

McCULLOUGH LEGAL SERVICES, LLC

Stephania Bronstein Silva

Stephania Bronstein Silva Paralegal

Enclosures

## **COVER LETTER**

	Registration S Division of Co					
SUBJEC	SOLARIC	BHT, LLC				
SOBJEC	~ * · ·	Name of Lim	ited Liability Company			
		f Amendment and fee(s) are sub ondence concerning this matter	-			
	·	Leland Wilson	Ü			
			Name of Person	<del></del> -	_	
		McCullough Legal Service	es			
		<del></del>	Firm/Company		<u> </u>	
		5237 Summerlin Commo	ns Blvd, Suite 214			
			Address		- I. P	2
		Fort Myers, FL 33907			SECRETARY	
		rtscholl1001@gmail.com	City/State and Zip Code		TARY YARY	
		E-mail address: (	to be used for future annual report notif	ication)	E.F.	<u> </u>
For furth	er information	concerning this matter, please c	all:		STA	₹9°
Leland \	Wilson		239 298-1238 at ()		STATE	<b>6</b>
	Name	of Person	Area Code Daytime	: Telephone Numb	ег	
Enclosed	l is a check for	the following amount:				
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Statu	
	MAII	JNG ADDRESS:	STREET/COURU	ER ADDRESS:		

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

SOLARIGHT, LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on 09/16/2019	and assigned
Florida document number 1.19000233889	<u>.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
SOLARGUARD, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		77 ST 29
		2010 NOV
Enter new mailing address, if applicable:		
•••	-	Service of the servic
Mailing address MAY BE A POST OFFICE BOX)		7 3 7
	-	
B IC P II I I I I I I I I I I I I I I I I		图4 0
B. If amending the registered agent and/or registered agent and/or the new registered office address	· · · · · · · · · · · · · · · · · · ·	nter the hame of the nev
The second agent and of the new regionered white address	ton nere.	
Marine CMarin De Care et d'Acces		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
<del></del>	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 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

$\mathbf{AMBR} = A$	authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
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Mective	date, if other than the da	ate of filing:	o date of filing or more than 9	(optional) 0 days after filing.) Pursuant to 605.020
ote: If	the date inserted in this block	k does not meet the applica	ble statutory filing require	ments, this date will not be listed a
ocumen	i's effective date on the Dep.	artment of State's records.		
recor	rd specifies a delayed e	effective date thut not	an effective time at	: 12:01 a.m. on the earlier (
	Oth day after the recor		an encerve ame, at	12.01 d.m. on the carrer
	Ni wanaka a tao	2010		
ated	November 1st	. 2019		
			T Scholl	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00