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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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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 Bronstein Silva*  
*Paralegal*  
*Silva@mls941.com*

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

TO: Registration Section  
Division of Corporations

SUBJECT: SOLARIGHT, LLC

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:

Leland Wilson

Name of Person

McCullough Legal Services

Firm/Company

5237 Summerlin Commons Blvd, Suite 214

Address

Fort Myers, FL 33907

City/State and Zip Code

rtscholl1001@gmail.com

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

For further information concerning this matter, please call:

Leland Wilson

239

298-1238

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, 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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 November 1st, 2019

Richard T Scholl

Signature of a member or authorized representative of a member

Richard T Scholl

Typed or printed name of signee