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COVER LETTER

TO: Registration Se Division of Cor		· · · · · ·	
subject: <u>So</u>	lar - Tech Wi	adows LLC	
	Name of Lame	ted Diability 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:	
	Shelt	Name of Person	
	Solar	- Tich Windows Firm/Company	LLC
	302	Tanny Dr.	
		FL- 32771 City/State and Zip Code	
	Stuls E-mail address: (t	o be used for fundre annual report no	tification)
For further information of	oncerning this matter, please ca	ıll:	
Shelten Name o	Fulsang	at (407) 40. Area Code Daytin	2 - 2 65 ne Telephone Number
Enclosed is a check for t	he 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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Solar-Tech Wi	indows LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records. Liability Company)	=
The Articles of Organization for this Limited Liability Company Florida document number 1 1 100024027	were filed on 9/30/2014	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter tl</u> <u>e</u> :	ne name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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.

City

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

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MBR	Shelton Fulsang	302 Tanny Drive	⊠ Add
	·	Synford, FL 32771	□ Remove
			Change
V9	Kari Fulsung	302 Tonny Drive	□ Add
	Ü	Sanford FL 32771	
			Change
			🗆 Remove
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f an effective date is li Note: If the date in	other than the date of filir isted, the date must be specific ar serted in this block does not be date on the Department of	nd cannot be prior to date meet the applicable s	of filing or more than 90 catutory filing requiren	(optional) days after filing.) Pursuan nents, this date will not	t to 605.0207 (be listed as t
The 90th day	ies a delayed effective after the record is filed	l.	effective time, at	12:01 a.m. on the	earlier of:
Dated	/25/19	. 2019			
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Filing Fee: \$25.00