## L19000 246 566

(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Coptes Certificates of Status	
Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO;

Tallahassee, FL 32314

TO: Registration S Division of Co		•	
	IOICE SOLAR LLC		·
SUBJECT:	Name of Lim	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RIZAH MAHMUTI		
		Name of Person	
	FIRST CHOICE SOLAR I	.LC	
		Firm/Company	
	19241 PEPPER GRASS D	R	
		Address	
	TAMPA, FL 33647		
		City/State and Zip Code	
	E-mail address: (	o be used for future annual repo	rt notification)
For further information	concerning this matter, please ca	all:	
RIZAH MAHMUTI		813 625-59	30
Name	of Person	at () Area Code D	Paytime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Addre</u> Registratio	
Division of 0	Corporations	Division of	f Corporations
P.O. Box 63	27		of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRST CHIOCE SOLAR LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L19000246566	Company were filed on 10/01/2019	and assigned
This amendment is submitted to amend the following:	<del></del> -	
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE BOX)		
		2016
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		name of the new register
Name of New Registered Agent:		P
New Registered Office Address:		7.9
	Enter Florida street address	·
	. Florie	ia
	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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MIRSAD TOPALOVIC	5599 34TH ST N SUITE B	<u> </u>
		SAINT PETERSBURG, FL 33714	□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
		<del></del>	□ Change
			🗀 Add
		<del>-</del>	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Note:	five date, if other than the date of filing:
e reco	rd 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 ided.
iu is I	
	DECEMBER 14 2019
	W 44 A
Dated	Signature of a member or authorized representative of a member