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COVER LETTER

TO:

Registration Section

Division of Co	rporations				
	N SOLAR LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	_			
Please return all corresp	ondence concerning this matter	to the following:			
	LOVETTE DOBSON				
		Name of Person			
	INCFILE.COM LLC				
		Firm/Company			
	17350 STATE HWY 249	STE 220			
		Address			
	HOUSTON, TX 77064				
	City/State and Zip Code				
	EFILE1234@INCFILE.CO	M to be used for future annual report no	tification)		
For further information	concerning this matter, please c				
LOVETTE DOBSON	,	888 462-3453			
Name	of Person	Area Code Daytir	me Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOMINION SOLAR LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 12/18/2019	and assigned
Florida document number L20000000755	

A. If amending name, enter the new name of the limited liability company here:

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	7004 Tavistock Lakes Blvd. Apt. #213		
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32827		
Enter new mailing address, if applicable:	7004 Tavistock Lakes Blvd. Apt. #213		
	Orlando, FL 32827		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address:	Enter Florida street address		
New Registered Office Address:	Enter Florida street address Florida		

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 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>	Type of Action
AMBR	Alexander Klaschus	3726 Running Deer Drive	□Add
		Orlando, FL 32829	≘ Remove
			□Change
AMBR Sawyer Cass	Sawyer Cass	7004 Tavistock Lakes Blvd. Apt. #213	□ Add
		Orlando FL, 32827	□Remove
		≣Change	
			□Add
			□ Remove
		☐ Change	
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Effective date, if other than the (date of filing:	(opt	ional)
Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo	be specific and cannot be prior to date	of filing or more than 90 days afte	r filing.) Pursuant to 605.0207 (3)
document's effective date on the De	partment of State's records.	tatutory iming requirements, the	is date will not be listed as the
record specifies a delayed effective	date, but not an effective time, at	t 12:01 a.m. on the earlier of: (1) The 90th day after the
d is filed.			
	2021		
Potod FEBRUARY 21	2021		
Dated FEBRUARY 21	Signature of a member or authorized in		

Typed or printed name of signee