

120 0000051001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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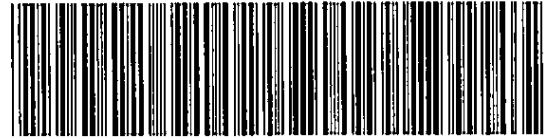
(Business Entity Name)

(Document Number)

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2021 NOV 12 AM 6:23  
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A. BUTLER

NOV 23 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Huggard Avenue Solar Farm, 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:

Rushabh Bhakta

\_\_\_\_\_  
Name of Person

Novel Energy Solutions L.L.C.

\_\_\_\_\_  
Firm/Company

2303 Wycliff Street, Suite 300

\_\_\_\_\_  
Address

St. Paul, MN 55114

\_\_\_\_\_  
City/State and Zip Code

rushabh.bhakta@novelenergy.biz

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

For further information concerning this matter, please call:

Rushabh Bhakta

651

358-9710

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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)

☐ \$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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

2021 NOV 12 AM 6:23

Huggard Avenue Solar Farm, 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 02/13/2020 and assigned  
Florida document number L20000051001.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

2303 Wycliff Street, Suite 300

St. Paul, MN 55114

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2303 Wycliff Street, Suite 300

St. Paul, MN 55114

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

City

Florida 33324

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.*



**Mark Pruett, Assistant Secretary**

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>
MGR	Novel ME SPV LLC	2303 Wycliff Street, Suite 300	<input checked="" type="checkbox"/> Add
		St. Paul, MN 55114	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RENERGETICA USA CORPORATION	2950 LAKE EMMA ROAD 1030	<input type="checkbox"/> Add
		LAKE MARY, FL 32476	<input checked="" type="checkbox"/> Remove
		US	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: 10/29/2021 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 08, 2021

Push On

Signature of a member or authorized representative of a member

Rushabh Bhakta

Typed or printed name of signee

**Filing Fee: \$25.00**