## L20000139311

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Booding Not Manually)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

TO: Registration S Division of Co				
	assell LLC			
SUBJECT:	Name of Lit	mited Liability Company		
	Amendment and fee(s) are su	_		
Please return all corresp	ondence concerning this matter	r to the following:		
	Stafford Cassell			
		Name of Person		
	SunReach Solar			
		Firm/Company		
	1650 Park Ter W			
	,	Address		
	Atlantic Beach, FL 32233			<b>2921 K</b>
		City/State and Zip Code	<del></del> حر	
	stafford@sunreachsolar.com	m (to be used for future annual report notifi		
For further information of	concerning this matter, please of	·	cation)	TILEU 2021 HAY ILL PH L: 03 SECRETATION OF STATE
Stafford Cassell		804 363-7970	<u></u>	03 ME
Name o	of Person		Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addres Registration S		Street Address:	ion	
Division of C		Registration Sect Division of Corporate		
P.O. Box 632		The Centre of Ta	llahassee	_
Tallahassec, I	TL 32314	2415 N. Monroe	Street, Suite 810	0

Tallahassee, FL 32303

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

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	s on our records.)
(A Florida Limited Liability Company)	·
The Articles of Organization for this Limited Liability Company were filed on Ma.	y 21, 2020 and assigned
Florida document number 1.20000139311	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :
SunReach Solar LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
	921 St.(
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	SECTION
Enter new mailing address, if applicable:	ins i
	75-8
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our red	cords, <u>enter the name of the new regi</u>
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	la street address
Enter riona	ia street address
	, Florida

1

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
AMBR	Katrina Cassell	1650 Park Ter W Atlantic Beach, FL 32233	<b>=</b> Add
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			□Add
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70° 1 1 10 11 11						
Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be block does not meet the	applicable statutor	g or more than 90 day	(optional) s after filing.) s, this date w	Pursuant to rill not be	605.0207 listed as
e record specifies a delayed effec d is filed.	tive date, but not an effec	ctive time, at 12:01	a.m. on the earlier	of: (b) The	90th day	after the
Dated	, 2021	,				
	1.11	4 /				

Typed or printed name of signee