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To:

Division of Corporations
Fax Number : (950) 617-6383

From:

Account Name : Vcorp Services, LLC
Account Number : 120090000067
Phone : (845) 425-0077
Fax Number : (845) 618-2538

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MOUNT DORA SOLAR FARM I, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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S. PRATHER

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November 8, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MOUNT DORA SOLAR FARM I, LLC
121 SOUTH ORANGE AVE
STE 1500
ORLANDO, FL 32801US

SUBJECT: MOUNT DORA SOLAR FARM I, LLC
REF: L20000154303

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather
Regulatory Specialist III

FAX Aud. #: H21000411260
Letter Number: 921A00027149

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOUNT DORA SOLAR FARM L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 6/5/2020 and assigned

Florida document number L20000154303

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:

1 Landmark Square, Suite 320

(Principal office address MUST BE A STREET ADDRESS)

Stamford, CT 06901

Enter new mailing address, if applicable:

1 Landmark Square, Suite 320

(Mailing address MAY BE A POST OFFICE BOX)

Stamford, CT 06901

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:

Vcorp Services, LLC

New Registered Office Address:

5011 South State Road 7, Suite 106

Enter Florida street address

Davie

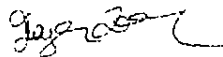
Florida 33314

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>	<u>Address</u>	<u>Type of Action</u>
MGR	GSPP Holdco, LLC	1 Landmark Square, Suite 320, Stamford, CT 06901	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NOVASOL ENERGY, CORP	121 SOUTH ORANGE AVE STE 1500	<input type="checkbox"/> Add
		ORLANDO, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<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 is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (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 record is filed

Dated November 5, 2021

J. M. L.

Signature of a member or authorized representative of a member

Jason Kurlik

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA