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TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:	Name of Lim	ited Liability Company	
Name of Person Area Code Daytime Telephone Number Daytime Telephone Number			
Please return all corres p o	ondence concerning this matter	to the following:	
	ROLIN PROPHETE		
		Name of Person	
,	VORTEX SOLAR AYITL	LLC	aytime Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		Firm/Company	
	142 NW 90TH ST		
		Address	***
	MIAMI, FL 33150		
	Name of Limited Liability Company assed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: ROLIN PROPHETE		
	_		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
ROLIN PROPHETE		786 877-7635	
Name o	d Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of 1	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VORTEX SOLAR AYITI, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our record a Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability C Florida document number $\frac{1.20000181522}{1.20000181522}$	Company were filed on 05/19/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	. 22
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC	O" or the abbreviation "I; L.C."
Enter new principal offices address, if applicable:		22 =
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		- ξιώ ω
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	235
	, F	lorida
	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager .
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
GM	GUEVARA VAL	270 CLARKSON AVE. APT 402	
		NY 11226	
			□Change
			□Add
			□Remove
			Change
			□Add
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ective date, if other than the confective date is listed, the date must be at this blooment's effective date on the Department's effective date on the Department's	be specific and cannot be prock does not meet the app	rior to date of filing or more t dicable statutory filing re-	(optional) han 90 days after filing.) Pur quirements, this date will	suant to 605.02 not be listed a
cord specifies a delayed effective filed.	date, but not an effectiv	e time, at 12:01 a.m. on t	ne earlier of: (b) The 90	th day after th
ed AUGUST 7TH	2024			
	ROLIN PR			

Filing Fee: \$25.00