K2C000278394

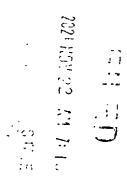
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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DocuSign Envelope 1D: FE16D151-6F4B-4F87-9FFD-3977ADE0961A COVER LETTER

TO:

| FO: Registration Sc Division of Cor | | | | | |
|--|--|---|---|--|--|
| Shinedown | Solar LLC | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| | ondence concerning this matter | - | | | |
| | Ryan Sullivan | | | | |
| | · | Name of Person | | | |
| | Shinedown Solar LLC | | | | |
| | <u> </u> | Firm/Company | | | |
| | 812 Ormond St | | | | |
| | | Address | | | |
| | Venice, FL 34285 | | | | |
| | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · | | |
| | Ryan@solarauditorsusa.com | | | | |
| | | to be used for future annual report no | otification) | | |
| For further information c | oncerning this matter, please of | ан: | | | |
| Jon Sullivan | | 941 3563205 at () | | | |
| Name of Person | | Area Code Dayt | ime 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) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Addres | | Street Address: | | | |
| Registration Section | | - | Registration Section Division of Corporations | | |
| Division of Corporations P.O. Box 6327 | | | The Centre of Tallahassee | | |
| Tallahassee, | | 2415 N. Mon | roe Street, Suite 810 | | |

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Shinedown Solar LLC | | 535-1164-46 |
|---|---|---------------------------------------|
| (Name of the Limited Liabi | ility Company as it now appears on our da Limited Liability Company) | records!) |
| (~~ | au Brities Blacky Company | 1.07/25 |
| The Articles of Organization for this Limited Liability | Company were filed on 09-8-2020 | and assigned |
| Florida document number L20000278394 | · | · |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lir | nited liability company here: | |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the designatio | n "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u> </u> | |
| (Principal office address MUST BE A STREET ADD | ORESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | · · · · · · · · · · · · · · · · · · · |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | | enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street | address |
| | | , Florida |
| | 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.

DocuSign Envelope ID: FE16D151-6F4B-4F87-9FFD-3977ADE0961A it amending Authorized rerson(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 |
|--------------|-----------------|------------------|-----------------|
| MBR | Ryan T Sullivan | 812 Ormond St. | □Add |
| | | Venice, FL 34285 | □Rетоve |
| | | | ■ Change |
| AMBR | Sabrina L Mayo | 812 Ormond St | □Add |
| | | Venice, FL 34285 | □Remove |
| | | | Change |
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| Tective date, if other than the d in effective date is listed, the date must be te: If the date inserted in this bloc cument's effective date on the Dep | ne specific and cannot k does not meet t | ot be prior to date he applicable st | of filing or more th | ian 90 days after fil | ling.) Pursuant to 60 |)5.02 sted : |
| ecord specifies a delayed effective of specifies and specifies and specifies and specifies are specified. | date, but not an el | ffective time, at | 12:01 a.m. on th | e carlier of: (b) | The 90th day aft | ier th |
| November 8 | 20 | 21 | | | | |
| | ——DoeuGigrfed by: | | | | | |

Filing Fee: \$25.00