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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 FEB -6 PM 2:09

RECEIVED
STATE
NOTARY

Amend/ Name Change

FEB 04 2011

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AIA USA LOCKSMITH
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:

NICK MANIKIS
Name of Person
SOLARPLEX LLC
Firm/Company
1552 Westgate dr. # 10
Address
Campbell city, Fl. 34746
City/Town and Zip Code
NICK @ MYSOLARPLEX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICK MANIKIS at 407 414-7737
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: (Already submitted)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

21 FEB - 4, PM 2:09

FILE
STAMP



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2021

NICK MANIKIS
12627 LAKE SAWYER DR
WINDERMERE, FL 34786

SUBJECT: A1A USA LOCKSMITH LLC
Ref. Number: L20000303809

We have received your document for A1A USA LOCKSMITH LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 721A00001715

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AIA USA LOCKSMITH

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

21 FEB -11 PM 2:09

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L20000303809

This amendment is submitted to amend the following:

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

SOLARPLEX LLC

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:

1552 Westgate dr.

(Principal office address MUST BE A STREET ADDRESS)

Suite 10

Campbell City, FL 34746

Enter new mailing address, if applicable:

SAME AS ABOVE

(Mailing address MAY BE A POST OFFICE BOX)

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:

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.

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

AMRR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____ ☐ Add

[Remove](#)

[Change](#)

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This image shows a single sheet of white paper with horizontal blue or grey 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.

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.

Dated 2-4-2021 2021

Typed or printed name of signee

Filing Fee: \$25.00