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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140 Phone : (561)844-3600 Fax Number : (561)842-4104

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

Email Address: jbattarsby131@gmqil.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PHOENIX POWER, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 03 |
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K. Brumbley

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| TO: | Registration Se Division of Cor | | • | · |
|----------------|------------------------------------|--|---|--|
| SUBJE | PHOENIX | POWER, LLC | | |
| SUBJE | C1: | Name of Lin | nited Liability Company | |
| The enc | losed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please r | eturn all correspo | ndence concerning this matter | to the following: | |
| | | Karin Drakas, Paralegal | | |
| | | | Name of Person | |
| | | Cohen Norris Wolmer Ray | / Telepman Berkowitz & Cohen | |
| | | | Firm/Company | |
| | | 712 U.S. Highway One, St | uite 400 | |
| | | | Address | |
| | | North Palm Beach, FL 334 | 108 | |
| | | | City/State and Zip Code | |
| | | jbattersby131@gmail.com | | |
| | | | to be used for future annual report notif | ication) |
| For furth | ner information co | oncerning this matter, please co | all: | |
| Karin D | rakas | | 561 844-3600 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed | i is a check for th | e following amount: | | |
| □ \$ 25 | .00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$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

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

| PHOENIX POWER, LLC | | | | | | |
|---|---|---------------------------------------|-----------------|----------------|-----------------|-------------|
| (Name of the Limited Liability (A Florida | ty Company as it no Limited Liability Co | w appears on ou ompany) | r records.) | - | | |
| The Articles of Organization for this Limited Liability C | Company were file | d on 10/15/202 | 0 | a: | nd as si | gned |
| Florida document number L20000315307 | '· | | | | | - |
| This amendment is submitted to amend the following: | | _ | | | | |
| A. If amending name, enter the new name of the limi | ited liability com | pany here: | | | | |
| LIBERTY SOLAR PRO, LLC | | | | | | |
| The new name must be distinguishable and contain the words "Limit | ited Liability Compa | ny," the designation | on "LLC" or the | abbreviat | on "L.L | C." |
| Enter new principal offices address, if applicable: | | | | | | |
| (Principal office address MUST BE A STREET ADDR | (ESS) | | | | | |
| | | | | | <u></u> | <u> </u> |
| Enter new mailing address, if applicable: | | | | | | |
| | | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | | |
| | | | | | | |
| B. If amending the registered agent and/or registered | l office address o | n our records, | enter the na | ame of th | e new | register |
| agent and/or the new registered office address here: | | | | | | |
| | | | | | 2023 | |
| Name of New Registered Agent: | | · · · · · · · · · · · · · · · · · · · | <u> </u> | <u> ;;</u> | - | |
| New Registered Office Address: | | | | 105 | G - | 田戸 |
| | I | inter Florida stree | address | 65 | B | (E) |
| | City | | , Florida | | CodF | |
| New Registered Agent's Signature, if changing Registered | · | | | ,_, <i>LIP</i> | coar. | |
| I hereby accept the appointment as registered agent of | | la elda anno es | . I.Cd. | | <u>۔</u> ۔ | 1.1 |

t 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.

From: Karın Drakas . - Fax: 15618443600

MGR = Manager

To:

Fax: (850) 617-6383

Page: 4 of 5

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Change

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II amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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| Effective date, if other than the date of filing: [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 [Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. [account specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. [Dated 7/3/, 2023 [Joban Specifies and Company of the State of the St | | |
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