

L20 000385044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

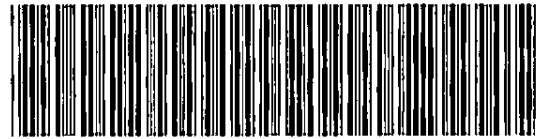
(Business Entity Name)

(Document Number)

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2021 FEB -1 PM 12:54

R 3/18/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SKY SOLAR INDUSTRIAL LLC

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:

Terry B. Cramer, III, Esq. or Katie M. Bradford, Esq.

Name of Person

Wilbur Smith, LLC

Firm/Company

2200 Broadway, 3rd Floor

Address

Fort Myers, FL 33901

City/State and Zip Code

Katie@WilburSmith.law; Terry@WilburSmith.law; Gin@SkySolarFL.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie M. Bradford, Esq.

239

334-7696

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

33-C3362043465C

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

SKY SOLAR INDUSTRIAL LLC

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

The Articles of Organization for this Limited Liability Company were filed on December 9, 2020 and assigned Florida document number L20000385044.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR & _____	JINMOU LIANG _____	2366 Surfside Blvd, Suite C-107, Cape Coral, FL 3399 _____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
AMBR & _____	EDWARD STICH _____	16505 Lonesdale Pl, Tampa, FL 33624 _____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
_____ _____	_____ _____	_____ _____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____ _____	_____ _____	_____ _____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____ _____	_____ _____	_____ _____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____ _____	_____ _____	_____ _____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

(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)

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 the record is filed.

Dated 1/19/2021.

100-44388-100

Signature of a member or authorized representative of a member

Edward Stich

Typed or printed name of signee

Filing Fee: \$25.00