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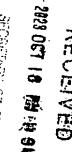
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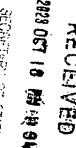
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COVER LETTER

TO:

Registration Section

Division of Corp	perations		
SUBJECT: OP		Sen 10 C L 1 VI N ted Liability Company	<u>suc</u>
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jermaine Brook	Sola LCC Firm/Company	
	8382 Force	tham lane	.
	Jallahasse Jamaine E	City/State and Zip Code City/State and Zip Code Me Code To be used for future annual report notifications.	Kisolutions. com
For further information e	oncerning this matter, please ca		
Jermaine Name of	Brooks	at (<u>850</u>) <u>Baytime</u> Area Code Daytime	851-6955 Telephone Number
Enclosed 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 S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee 2 Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Open Arms	LIVIO Liability Company as it now appears of Florida Limited Liability Company)	ng LLC
(Name of the Limited I (A)	iability Company as it now appears of Florida Limited Liability Company)	n our records.) -
The Articles of Organization for this Limited Liabi Florida document number <u>LA 10001501</u>		LI 128 P. T. 18 Fandlassigned
This amendment is submitted to amend the followi	ng;	
A. If amending name, enter the new name of the Books Solar LLC The new name must be distinguishable and contain the words.	_	
Enter new principal offices address, if applicabl	e:	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address h		ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	a street address
-	Cin.	, Florida
	Ciņ	гір Соле

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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			[]Remove
			□ Change
			□Add
			□Remove
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ective date, if other tha	n the date of filing	:		(optional)	
reffective date is listed, the da te: If the date inserted in t	ite must be specific and	cannot be prior to date	e of filing or more tha	n 90 days after filing.)	Pursuant to 605.020 will not be listed as
cument's effective date on	the Department of St	tate's records.			
	ffective date, but not a	an effective time, a	t 12:01 a.m. on the	earlier of: (b) The	: 90th day after the
		2 . —			
is filed.		2023.			
is filed.		2025.		$\overline{}$	
ecord specifies a delayed ef is filed. ted		2023.	representative of a m	ember	-