Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000294898 3)))



H210002948983AECA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: --From:

Division of Corporations

Fax Number : (850)617-6383

Account Name : PARASEC

Account Number : I20180000086

Fax Number

: (916)576-7000 : (800)603-5868

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

| Email | Address: | RLOPS@PARASEC.COM |
|-------|----------|-------------------|
|       |          |                   |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TPE SOLAR LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

To: 18506176383 From: 19165767036 Date: 08/04/21 Time: 7:57 AM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TPE SOLAR LLC  |  |                          | <u> </u>                   |  |
|--|--|--------------------------|----------------------------|--|
| (Name of the Limited Liability Com<br>(A Florida Limited   | nany as it now appears<br>I Liability Company) | on our records.)         |                            |  |
| The Articles of Organization for this Limited Liability Compan   | y were filed on                                | 6/9/2021                 | and assigned               |  |
| Florida document number <u>L21000018786</u>  |  |                          |                            |  |
| This amendment is submitted to amend the following:  |  |                          |                            |  |
| A. If amending name, enter the new name of the limited lia   | ability company her                            | <u>re</u> :              |                            |  |
| The new name must be distinguishable and contain the words "Emuted Lia   | bility Company," the de                        | rsignation "LLC" or      | the abbreviation "L.U.C."  |  |
| Enter new principal offices address, if applicable:  |  |                          | 202<br>TAL                 |  |
| Enter new principal offices address AUST BE A STREET ADDRESS)  |  |                          |                            |  |
| (Frincipul office dadress A O() Fra (3)  |  |                          | <u> </u>                   |  |
|  |  |                          | ्रंतू ज                    |  |
| Enter new mailing address, if applicable:  |  |                          | To P M                     |  |
|  |  |                          | 10 m                       |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                          | 00 N                       |  |
|  |  |                          |                            |  |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:   | e address on our re                            | ecords, <u>enter the</u> | name of the new registered |  |
|  |  |                          |                            |  |
| Name of New Registered Agent:  |  |                          |                            |  |
| New Registered Office Address:   |  |                          |                            |  |
| New Registered Village   | Enter Florida street address                   |                          |                            |  |
|  |  | , Floric                 | daZip Code                 |  |
|  | City   |                          | z.ip Coae                  |  |
| New Registered Agent's Signature, if changing Registered Age   | nt:  |                          | to a state of the          |  |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change. | en perjoinance of<br>se movided for in (       | Thanter 605, F.S         | S. Or, if this document is |  |

If Changing Registered Agent, Signature of New Registered Agent

To: 18506176383 From: 19165767036 Date: 08/04/21 Time: 7:57 AM Page: 04/05

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

| Title | Name            | Address               | Type of Action |
|-------|-----------------|-----------------------|----------------|
| AMBR  | MIGUEL TORRES   | 615 GEORGETOWN DR     | LIAdd          |
|       |                 | CASSELBERRY, FL 32707 | ⊠Remove        |
|       |                 | 3553 JERICHO DR       | []Change       |
| AMBR  | RAMON TORRES JR | CASSELBERRY, FL 32707 | DAdd           |
|       |                 |                       | WRemove        |
|       |                 |                       | LIChange       |
|       |                 |                       | CJAdd          |
|       |                 |                       | ERemove        |
|       |                 |                       | !]Change       |
|       |                 |                       | DAdd           |
|       |                 |                       | []Remove       |
|       |                 |                       |                |
|       |                 |                       | □Add           |
|       |                 |                       | □Remove        |
|       |                 |                       | ]Change        |
|       |                 |                       | ElAdd          |
|       |                 |                       | □Remove        |
|       |                 |                       | ElChange       |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_ (optional) (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) 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. 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. July 26 Dated entative of a member

To: 18506176383 From: 19165767036

Date: 08/04/21 Time: 7:57 AM Page: 05/05

Filing Fee: \$25.00