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(((H22000050696 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMITH BIGMAN BROCK, P.A.

Account Number : I20050000189 Phone : (386)254-6875 Fax Number : (386)257-1834

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

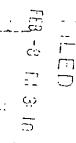
Email Address: RLOP@PARASEC.COM

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

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LEB 03 5055 T. LEMIEUX (((H2200005069603)))

· ARTICLES OF AMENDMENT

TO		LOI , L	•	
ARTICLES OF O		ATION		
OI			•	
		•		
TPE SOLAR LLC				
(Name of the Limited Liability Compan (A Florida Limited Li	y as It now app ability Compar	pears on our record	<u>13.</u>)	
The Articles of Organization for this Limited Liability Company v	were filed on	01/06/2021	ana	nd assigned
Florida document number L21000018786				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company	v here:		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," t	he designation "LLC	C" or the abbreviati	on "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 a agent and/or the new registered office address here:	ddress on o	ur records, <u>ente</u>	r the name of th	he new registered
agent and/or the new registered office address need.				
Name of New Registered Agent:				····
New Desistand Office Address:				
New Registered Office Address:	Enter	- Fiorida street addr	CSS	
		, F	Florida	Code N
	City		Zip	Code N
New Registered Agent's Signature, if changing Registered Agent:				- m - m - m
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performanc provided for	e of my duties, in Chapter 605	and I am Jamili 5, F.S. Or, if thi	s document is
			! =	Ð

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

Title	Name	Address	Type of Action
AMBR	EDWARD WILLIAMS	657 MIDDLEBURY LOOP	□Add
		NEW SMYRNA BEACH, FL 32168	≣Remove
			□Add
			□Change
			ClAdd
			Remove
			DChange
			□Add
			🖂 Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			Change

(((H2200005069603)))

ij anie	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
e recor rd is fil	d 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 ed.
Dated	FEBRUARY 8 2022
	my / h
	Signature of a member or authorized representative of a member
	IEFFREY P. BROCK, AUTHORIZED REPRESENTATIVE OF A MEMBER

FAX COVER SHEET

TO		
COMPANY		
FAXNUMBER	18506176383	
FROM	Lexus Wingo	
DATE	2022-02-08 09:33:06 CST	
RE	Bridge SFR IV Borrower I LLC 14139670.24	

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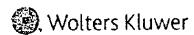
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Dave Thomas
Fulfillment Associate
Global Fulfillment Team
CT Corporation

Team (614) 280-3338

Direct (614) 280-3369

GlobalFulfillmentTeam@wolterskluwer.com



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219 www.wolterskluwer.com

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