## 121000110578

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## **COVER LETTER**

SOLAR YE	EAR LLC		
SUBJECT:	Name of Limit	ed Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	GIOVANNI ARMANDO V	/ALDERRAMA	
	<u> </u>	Name of Person	<del></del>
		Firm/Company	
	3511 MT VERNON WAY		
		Address	
	KISSIMMEE, FLORIDA, I	34741	
		City/State and Zip Code	
	gave0806@gmail.com E-mail address: (to	be used for future annual report no	otification)
For further information of	oncerning this matter, please ca		
GIOVANNI ARMAND	O VALDERRAMA	850 3398886	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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 enclo
Mailing Addres	ss:	Street Address:	
Registration	Section	Registration S Division of Co	
Division of C P.O. Box 632		The Centre of	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLAR YEAR LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	npany)
The Articles of Organization for this Limited Liability Company were filed	on 03/17/2021 and assigned
Florida document number L21000110578	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<u></u>	
	-,
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	*:
	<u> </u>
	- II
B. If amending the registered agent and/or registered office address on	i our records, enter the name of the new register
agent and/or the new registered office address here:	
	드듬 그
Name of New Registered Agent:	
New Registered Office Address:	
	ater Florida street address
	Florida
City	Zin 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:

FiGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GIOVANNI ARMANDO VALDEI	1100 W VINE ST KISSIMMEE FL 34741	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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	03/24/2021
(If an eff <u>Note:</u>	ve date, if other than the date of filing:  (optional)  ective 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 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a tent's effective date on the Department of State's records.
If the recor	
	MARCH 24. 7021.
Dated	The Exp. Exp. Exp.

Filing Fee: \$25.00