LZ1000111608

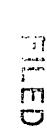
(Requestor's	Name)
(Address)	
(Address)	<u>. </u>
(Address)	
(City/State/Z	p/Phone #)
PICK-UP W	/AIT MAIL
(Business Er	ntity Name)
(Document N	Number)
Certified Copies Ce	rtificates of Status
Special Instructions to Filing Off	icer:





400369811384

2021 AGG 16 PM 1:5







July 15, 2021

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Skymark Solar LLC - Amendment

To Whom It May Concern:

My firm represents Skymark Solar LLC ("the Company"). Enclosed, please find the Division of Corporation's Form Cover Letter, Articles of Amendment to Articles of Organization, and our check in the amount of Twenty Five and No/100 Dollars (\$25.00) for filing fees. As you can see, the Company is adding Gen Holdings as an Authorized Member, and removing David Nye as an Authorized Member.

Should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

Ryan Cipparone

RC/jmb Enclosures cc: Client (via Email)



RECENTO

2331 AUG 16 PH 12: LT

because its on the form

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 4, 2021

SKYMARK SOLAR LLC 1525 INTERNATIONAL PARKWAY SUITE 1071 LAKE MARY, FL 32746

SUBJECT: SKYMARK SOLAR LLC

Ref. Number: L21000111608

We have received your document for SKYMARK SOLAR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are a way to the following correction (s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 921A00018434

COVER LETTER

TO:	Registration Se Division of Cor			
CIID IE	Skymark Sc	olar LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Plcase n	eturn all correspo	ndence concerning this matter	to the following:	
		Ryan Cipparone, Esquire		
			Name of Person	
		Cipparone & Cipparone, E	isquir e	
			Firm/Company	
		1525 International Parkwa	y, Suite 1071	
			Address	
		Lake Mary, FL 32746		
			City/State and Zip Code	
		RCipparone@CipparonePA		
		E-mail address: (to be used for future annual report notifi	cation)
For furtl	her information co	oncerning this matter, please ca	all:	
Ryan Ci	ipparone, Esquire		at (
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	d 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 Section Division of Corporations P.O. Box 6327 Taliahassec, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Skymark Solar 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 03/08/2021 and assigned 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 "LLC." 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 registered agent and/or the new registered office address here: Cipparone & Cipparone, P.A. Name of New Registered Agent: 1525 International Parkway, Suite 1071 New Registered Office Address: Enter Florida street address Lake Mary Florida 32746

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

Page 1 of 3

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
AMBR	Gen Holdings, LLC	8 The Green, Suite A Dover, DE 19901	
			☐ Remove
			Change
AMBR	David S. Nye, Jr.	3505 N. Highway 19A Mount Dora, FL 32757	△ Add
			■ Remove
			Add
			Remove
			Change
	·····		□ Add
			Remove
			Change
			□ Remove
		**	□ Change
			□ Add
			□ Remove
			Change

	· · · · · · · · · · · · · · · · · · ·		·		
<u> </u>		 			
		 			
					
<u></u>	·				<u>_</u>
					
	- -				
					_
					
					
ective date, if other than the effective date is listed, the date in	e date of filing:	 		(optional)	
effective date is listed, the date meter in this	ust be specific and cannot block does not meet the	ot be prior to date c he applicable sta	f filing or more than 90 autory filing requires) days after filing.) Pursuant nents, this date will not b	to 605,020 oe listed a:
ument's effective date on the					
record specifies a delay- he 90th day after the re		but not an e	fective time, at	12:01 a.m. on the	earlier o
1.16 12 #	. 20:	21			
ed July 13	,	· ·			
\mathcal{L}					
	Signature of a memb	er or authorized re	presentative of a mem		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00