## 121000111817

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500374701715

10/14/21--01010--018 \*\*25.00

DEC ON 2021



November 10, 2021

JOSHUA STREIT 340 SE 3RD ST, APT 2904 MIAMI, FL 33131

SUBJECT: SOLAR POWER ONE LLC

Ref. Number: L21000111817

We have received your document for SOLAR POWER ONE 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):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 621A00025863

## **COVER LETTER**

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations			
SUBJECT.	Solar Powe	r One LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Joshua Streit			
			Name of Person		
		Solar Power One LLC			
			Firm/Company		
		1110 Brickell Ave Suite 43	30		
			Address		
		Miami FL. 33131			
			City/State and Zip Code		
		admin@solarpowerone.con  E-mail address: (	to be used for future annual report	notification)	
For further is	nformation c	oncerning this matter, please c	•		(53)
Dariusz Bial	owas		786 8799894		2071 POV 19
	Name o	f Person	Area Code Day	ytime Telephone Number	T
Enclosed is	a check for th	ne following amount:			~~~ X
<b>■</b> \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status & 🗭
Re	iling Addres	Section	Street Address Registration	Section	
Di	vision of C	Corporations	Division of (	Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solar Power One LLC			
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)		_
The Articles of Organization for this Limited Liability Company	were filed on <u>03/08/2021</u>	and	assigned
Florida document number L21000111817			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation	1 "L.L.C."
Enter new principal offices address, if applicable:	Joshua Streit		
(Principal office address MUST BE A STREET ADDRESS)	LLO Deielell Aug Suite 420		
	Miami FL 33131		
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 nan	ne of the	new regist
agent and/or the new registered office address here:	address on our records, enter the han	: 1 <sup>2</sup> !	<u> </u>
		•	<u>ت</u>
Name of New Registered Agent:		· · · 	<u> </u>
New Registered Office Address:			<u>.0</u>
	Enter Florida street address		<del>□</del>
		10 mm 2 mm	<u></u>
	City	Zin C	ode'—

## 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>	<u>Name</u>	<u>Address</u>	Type of Action
■ MGR	Joshua Streit	340 SE 3rd St.	<b>=</b> Add
		Apt 2904	
		Miami FL 33131	
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		<del> </del>	□Remove
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ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this bloc ument's effective date on the Depocord specifies a delayed effective of	e specific and cannot be prior to d k does not meet the applicable artment of State's records.	ate of filing or more than 9 e statutory filing require	ments, this date wil	l not be listed
s filed.	sate, but not an effective time.	at 12.01 a.m. on the ca	mer or. (b) The 30	our day after ti
ed	, 2021 Oakua Signature of a member or authorize			

. . . . .