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COVER LETTER

Division of Cor						
PV FUND	LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
	ondence concerning this matter					
	WILLIAM C. VOIGHT, I	II.				
	· · · · · · · · · · · · · · · · · · ·	Name of Person	_			
	VOIGHT, P.A.					
	Firm/Company					
	7680 UNIVERSAL BLVI					
		Address				
	ORLANDO, FL 32819					
		City/State and Zip Code	_			
	WILLIAM@MYVOIGHT		_			
		(to be used for future annual report notification)	2021 			
For further information c	concerning this matter, please c	all:	首			
GUSTAVO VILLACA		786 651-1012	TALL AND BY			
Name o	Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for t	he following amount:		2021 JUL -6 PH 5: 18			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific				
Mailing Address Registration (Section	Street Address: Registration Section Division of Corporations				
Division of Corporations P.O. Box 6327		The Centre of Tallahassee				

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PV FUND LLC					
(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears on ou ability Company)	r_records.)		
The Articles of Organization for this Limited I				and assign	ed
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liabil	ity company here;			
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation	on "LLC" or the abb	reviation "L.L.C.	
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)	-			
				9	
Enter new mailing address, if applicable:				*	
Mailing address MAY BE A POST OFFICE	<u>SBON)</u>				
					
B. If amending the registered agent and/or agent and/or the new registered office addr		ldress on our records	, enter the name	of the new re	gister
Name of New Registered Agent:	VOIGHT, P.A.			2021	
New Registered Office Address:	7680 UNIVERSA	AL BLVD. SUITE 565			+ Serry
		Enter Florida stree	et address	- I	
	ORLANDO		Florida _ ³²⁸ .	i9 - 0	·
		City		- Zip Cod₹ † C□	ا معدد المهسوء
New Registered Agent's Signature, if changing	Registered Agent:		:	<u></u>	
I hereby accept the appointment as register provisions of all statutes relative to the propocept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	per and complete p istered agent as pr registered office a	erformance of my du ovided for in Chapter	ties, and Jam fa r 605, FS. Or. ij	miliar with ai Ghis documei	nd

·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>	Address	Type of Action
MGR	SAAB, CAMILO	1420 CELEBRATION BLVD, STE 200	🗀 Add
		CELEBRATION, FL 34747	■Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			☐ Remove 202 Change
			□Remove □
			□Change □Add
			- 20
			□Change
		<u> </u>	Remove
			□Change

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.) Pursuam 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. 2021 ure of a member or authorized representative of a member Gustavo Villaca

Typed or printed name of signee