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Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TWENTY THIRTY SOLAR, LLC

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Twenty Thirty Solar, LLC   |   | ect of the section of |
|--|---|--|
| (Name of the Limited Lin   | ability Company as it now appears on our records.) orida Limited Liability Company) | OCT 26   |
| The Articles of Organization for this Limited Liability Florida document number L21000381994 | ty Company were filed on 08/25/21   | T 26 A A TIONS  and assigned 1   |
| This amendment is submitted to amend the following   | g:  |  |
| 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 a                         | bbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:  | ·   |  |
| (Principal office address MUST BE A STREET AL  | ODRESS)   |  |
|  |   |  |
| Pater war mailing address if aunticables   |   |  |
| Enter new mailing address, if applicable:  | <u> </u>  |  |
| (Mailing address MAY BE A POST OFFICE BOX  |   |  |
|  | -   |  |
| B. If amending the registered agent and/or regist  |   | ne of the new registere  |
| agent and/or the new registered office address he  | re:   |  |
| Name of New Registered Agent:  |   |  |
| New Registered Office Address:   |   |  |
|  | Enter Florida street address  |  |
|  | , Florida   | Zip Code   |
|  | C/IV  | zip voar   |

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>   | Address                  | Type of Action |
|--------------|---------------|--------------------------|----------------|
| MGR          | Lindsay Latre | 7901 4th St N STE 300    | <b>X</b> lAdd  |
|              |               | St. Petersburg, FL 33702 | □Remove        |
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| D. If amending any other information, er   | iter change(s) h                           | ere: (Aitach aa              | lditional sheets,                         | if necessary.)   |  |
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| E. Effective date, if other than the date of (If an effective date is listed, the date must be spective. If the date inserted in this block document's effective date on the Department. | ific and cannot be p<br>is not meet the ap | plicable statutory           | g or more than 90 da<br>filing requiremen | ( <b>optional)</b><br>ys after filing.) Pun<br>nts, this date will | rsuant to 605,0207 (3 gb<br>I not be listed as the |
| f the record specifies a delayed effective date, record is filed.  | out not an effectiv                        | ve time, at 12:01            | a.m. on the earlie                        | raf: (b) The 90  | th day after the                                   |
| Dated October 26   | 202<br>Mayan                               | 1                            |   |  |  |
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| Morgan Noble   | Typed or r                                 | orinted name of sig          | nee                                       | . <u>.                                   </u>                      |  |

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