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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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	J. HORN	
	J. HORN 1:10V - 9	2021
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Office Use Only



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SECRETARY OF STATE

2021 NOV -1 AM 8: 18

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor		<i>s</i>	
SUBJECT: JAR SOLA			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	REYES RONDON, RAFA	Name of Person	
	JAR SOLAR LLC	, and or one.	
	TAK SOLAR LILE	Firm/Company	
	125 BIANCA CT	Address	
	KISSIMMEE, FL 34758	City/State and Zip Code	
	SERVICE@JARSOLARFI E-mail address: (ORIDA.COM to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
RAFAEL A REYES RO	NDON f Person	at (407) 502-3633 Area Code Daytim	e Telephone Number
· · · · · · · · ·	. , e.so.,		· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for th	ne 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 Addres	ç.	Street Address:	
Registration S		Registration Sec	etion
Division of C		Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 NOV -1 AM 8: 18

JAR SOLAR LLC (Name of the Limited Liability Company as it now appears on our records.) ALLAHASSEE. (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <u>08/31/2021</u> and assigned Florida document number 1.21000388719 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 "L.L.C." 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

_, Florida ___

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	GREGORY HENRY	125 BIANCA CT KISSIMMEE, FL 34758	= Add
		KISSIMMEE, FL 34758	□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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