L21 000 405609

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u>.</u>		



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Office Use Only

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COVER LETTER

TO:

TO: Registration of	on Section Corporations		:
	Solar Power LLC		· ·
SUBJECT:	Name of Li	imited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	abmitted for filing.	
Please return all con	respondence concerning this matte	er to the following:	
	Greg Ethredge		
		Name of Person	
	Illinois Solar Power		
		Firm/Company	
	2523 Leander Ct		22
		Address	22 SEP 2
	Woodridge II. 60517		
		City/State and Zip Code	0 A T 10
	greg@solardealernetwork		5
For further informat	E-mail address ion concerning this matter, please	: (to be used for future annual report notificall:	ecation) ω
Greg Ethredge	2 1	509 405-9544 at ()	
Na	ame of Person		Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fo	ce S30.00 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 Ac		Street Address:	tion
_	ion Section of Corporations	Registration Sec Division of Corp	
P.O. Box	6327	The Centre of T	allahassee
Tallahass	ee, FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabi (A Florid	lity Company as it now appears on our record da Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Florida document number L21000405609	Company were filed on 09/13/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
TX Gutter Guys LLC		
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	22
		SE
		P 20
Enter new mailing address, if applicable:) (1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Mailing address MAY BE A POST OFFICE BOX)		H 10
muning university DEATOST OFFICE BOA		ω -
		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:		r the name of the new regi
N D 1 100 111		
New Registered Office Address:	Enter Florida street addre	res
	. F	lorida
	City	Zip Code

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
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			□Change
		•	□Add
			□Remove
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			Nadd and Add
			Add
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te: If the date inserted in this bloc	ck does not meet the applica	able statutory filing req	uirements, this date will i	not be list	ted
cument's effective date on the Dep	partment of State's records.				
ecord specifies a delayed effective	date, but not an effective ti	me at 12:01 a.m. on th	e earlier of: (b) The 90t	h dav afte	er tl
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	2022				
Sentember 16					
ted September 16	,	 ·			
91/	ignature of a member or author	······································			