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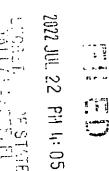
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A. BUTLER

OCT 1 4 2022

COVER LETTER

Div	ision of Corp	porations			
SUBJECT:	Solar Contro				
SOBJECT,		Name of Lim	ited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Kevin Wimpy			
			Name of Person		
		Solar Controller, LLC			
	Firm/Company				
		11375 SW 92nd St.			
			Address		·····
		Hampton, FL 32044			
			City/State and Zip Code		
		solar l controler@gmail.com			
			to be used for future annual	report notification)	
For further in	nformation co	oncerning this matter, please ca	all:		
Kevin Wimp	ру		904 263 at ()	3-2710	
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Ma</u>	iling Address	<u>u</u> .	Street Ac	ddress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solar Controller, LLC (A Florida Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number $\frac{1.21000420966}{1.21000420966}$ 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

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
AMBR	Ashlie Perry	11375 SW 92nd St. Hampton, Fl 32044	□Add
			≡ Remove
			□ Change
			□Add
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			□Change

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