## LZZ000014118

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ENLIASY OF STATE

A. BUTLER APR 06 2022

## **COVER LETTER**

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	Registration Se Division of Cor			
CHDICO		R & ASSOCIATES LLC		
SUBJEC	. ] :	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	tum all correspo	ndence concerning this matter	to the following:	
		Shauna Fullerton		
			Name of Person	
		EC POWER & ASSOCIA	TES LLC	
			Firm/Company	
		1451 W Cypress Creek Rd	Suite 300	
			Address	· <del></del>
		Fort Lauderdale, FL 33309	)	
		<del></del>	City/State and Zip Code	<del></del>
		support@soflasolar.com		
		E-mail address: (	to be used for future annual report noti	lication)
For furth	er information c	oncerning this matter, please co	all:	
Shauna I	fullerton		754 816-6354 at ()	
	Name o	i Person		ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>\$25.0</b>	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 Registration 5		Street Address: Registration Se	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	
	Tallahassee, I	*L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

EC POWER & ASSOCIATES LLC

2022 HAR 21 AM 8: 11

	<u>ited Liability Company as it now appea</u>	rs on our records:)[ARY OF STATE
	(A Florida Limited Liability Company)	rs on our free Habitary OF STATE TALLAHASSEE, FL
he Articles of Organization for this Limited I	Liability Company were filed on $\frac{01}{2}$	and assigned
orida document number 1.22000014118		
his amendment is submitted to amend the fol	llowing:	
. If amending name, enter the new name	of the limited liability company h	ere:
ne new name must be distinguishable and contain the	words "Limited Liability Company," the o	lesignation "L.L.C." or the abbreviation "L.L.C."
nter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable:		
	 E BOX)	
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	<u></u>	
	<u></u>	
Mailing address MAY BE A POST OFFICE  . If amending the registered agent and/or	registered office address on our r	ecords, enter the name of the new reg
	registered office address on our r	records, <u>enter the name of the new reg</u>
Mailing address MAY BE A POST OFFICE  If amending the registered agent and/ortent and/or the new registered office address.	registered office address on our r ess here:	records, <u>enter the name of the new reg</u>
Agiling address MAY BE A POST OFFICE  If amending the registered agent and/or	registered office address on our r	records, enter the name of the new reg
Mailing address MAY BE A POST OFFICE  If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	registered office address on our r ess here:	
Mailing address MAY BE A POST OFFICE  . If amending the registered agent and/or gent and/or the new registered office address	registered office address on our ress here:  Janice Walcott  1451 W Cypress Creek Road Sui	
Mailing address MAY BE A POST OFFICE  . If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	registered office address on our ress here:  Janice Walcott  1451 W Cypress Creek Road Sui	te 300

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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	<u>Address</u>	Type of Action
MGR	Janice Walcott	1451 W Cypress Creek Road	
		Suite 300	□Remove
		Fort Lauderdale, FL 33309	
MGR	Shaunakay Fullerton	1451 W Cypress Creek Road	■Add
		Suite 300	□Remove
		Fort Lauderdale, FL 33309	<b>■</b> Change
AMBR	Maya Othman	1451 W Cypress Creek Road	
		Suite 300	■Remove
		Fort Lauderdale, FL 33309	Change
			□Remove
			□Change
			□Remove
			□Change
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			□Remove
			□Change

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		01/05/2022			
iffective date, if oth	er than the date of fi	iling: c and cannot be prior t	o date of filing or mor	(option e than 90 days after til	al) ing.) Pursuant to 605,0207
Note: If the date inser	ted in this block does n	iot meet the applica			ate will not be listed as
document's effective of	late on the Department	of State's records.			
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t : #* 1 . 1	and the Constant Land Land	not an effective in	ne, at 12:01 a.m. or	i the earner of: (b)	The 90th day after the
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Filing Fee: \$25.00