

L220000131882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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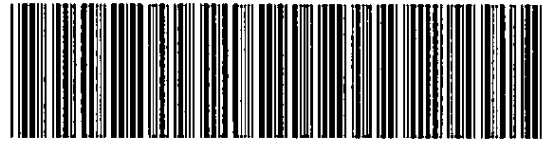
(Business Entity Name)

(Document Number)

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2022 MAY 17 AM 10:17
FILE
L220000131882

7/17/22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: True Solar Brokers LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric Shaw

Name of Person

True Solar Brokers, L.L.C.

Firm/Company

408 NE 6th Street #121

Address

Fort Lauderdale, FL 33304

City/State and Zip Code

esolarbroker@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Shaw

Name of Person

at (352) 497-9707

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

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**

Trina Solar Brokers L.L.C.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 MAY 17 AM 10:17

The Articles of Organization for this Limited Liability Company were filed on March 16, 2022 and assigned Florida document number 622000131882.

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

Florida

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Eric Shaw</u>	<u>408 NE 6th St</u>	<input type="checkbox"/> Add
		<u>Apt 121 Fort Lauderdale</u>	<input type="checkbox"/> Remove
		<u>FL 33304</u>	<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Jeremy Rafaelov</u>	<u>18021 Brylane Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Apt 1703 Adventure Fl 33160</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change title to Original of Eric Shew
to (MGR) - Title Along with his Info.

Add Jeremy Rafaelon
with (MGR) title along with
his info please.

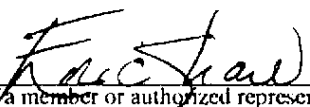
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 16, 2022.


Signature of a member or authorized representative of a member

Eric Shew
Typed or printed name of signer