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COVER LETTER

	gistration Sec vision of Cor					
CUDIECT.		sign Services LLC				
SUBJECT:		Name of Lin	nited Liability Company	·		
The enclose	d Articles of a	Amendment and fee(s) are sub	omitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		Luis Sotomayor				
			Name of Person			
		TUSSC Design Services L	LLC			
			Firm/Company			
		11052 Lynn Lake Cir			-	50.00
			Address			2 :
		Tampa FL 33625				<u>က</u>
			City/State and Zip Code		•	
		sotomayor@tussc.com	to be used for future annual report to		•	 سىر
For further i	nformation co	n-mail address, i	·	otnication)		
Luis Sotom			305 7679738			
	Name of	Person	Area Code Dayt	ime Telephone Number		
Enclosed is:	a check for the	e following amount:				
≅ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certificate Certified (additional c	e of Statu Copy	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TUSSC Design Services LLC		
(<u>Name of the Limited Liability Ce</u> (A Florida Lim	ompany as it now appears on our records. ited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Comp. Florida document number L22000179668	pany were filed on $\frac{04/14/2022}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Tusk Solar Design LLC		
The new name must be distinguishable and contain the words "Limited I	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	<u> </u>	
		- :
Enter new mailing address, if applicable:		. 55
Mailing address MAY BE A POST OFFICE BOX)		***
		ق.
		•
 If amending the registered agent and/or registered off gent and/or the new registered office address here; 	ice address on our records, <u>enter th</u>	<u>ne name of the new regist</u>
Name of New Registered Agent:		
New Registered Office Address:	·	
	Fitter Florida street address	
	Flor	ida
	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>	<u>Address</u>	Type of Action
COO	Luis Sotomayor	6207 S West Shore Blvd, Apt 4052, Tampa FL 33616	ı □Add
		Change of address. New address listed above.	_ □Remove
			_ ≡ Change
			_ □Add
			_ □Remove
			_ □Change
		······································	_
		· ·	_ □Remove
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te: If the date insertenment's effective da	ed in this block does	s not meet the app	licable statutory :	filing requirements	s, this date will no	t be listed
record specifies The 90th day afte	a delayed effect er the record is I	tive date, but r filed.	not an effectiv	ve time, at 12:0	01 a.m. on the	e earlier
ed <u>Nove</u>	mber 3	2023	·			
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