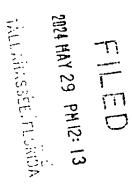
L22000209068

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
opener manuality to 1 ming officer.

Office Use Only



900429634979





CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

the Rasper's Principle Thomastee GA Acc.

SOLARBYCRO	THORPE LLC	
Please Debit FC.	A000000003 For: 25	
Thank you Seth	Neelev	
Name of the second	,	
1900	·	Ar; of Inc. File
ji ji		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		× Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
,		Officer Search
1		Fictitious Search
770	<u> </u>	Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:		UCC For 3 File
		UCC 11 Search
Name	Date Time	UCC 1! Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

STIP TECT.		CROTHORPE LLC		
SUBJECT		Name of Li	mited Liability Company	
SUBJECT: SOLARBYCROTHORPE LLC				
	Division of Corporations SOLARBYCROTHORPE LLC Thame of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. terum all correspondence concerning this matter to the following: CRAPHONSO THORPE Name of Person Firm/Company 1701 SW CYCLE ST Address PORT ST LUCIE, FL 34953 Crty/State and Zip Code E-mail inddress: (to be used for future annual report notification) or information concerning this matter, please call: Area Code Republication Division of Person Talling Fee Certificate of Status Street Address: Registration Section Division of Corporations O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee			
Name of Person				
			Firm/Company	
		1701 SW CYCLE ST		
	SOLARBYCROTHORPE LLC Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. at all correspondence concerning this matter to the following: CRAPHONSO THORPE Name of Person Firm/Company 1701 SW CYCLE ST Address PORT ST LUCIE, FL 34953 City/State and Zip Code E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: ODRIGUEZ Name of Person Area Code Daytime Teluphone Number check for the following amount: ling Fee S10.00 Filing Fee & Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed) Sireet Address: Street Address: Street Address: Street Address: Registration Section Division of Corporations Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
Address PORT ST LUCIE, FL 34953				
			City/State and Zip Code	
		E-mail address:	(to be used for future annual report not	fication)
For further in	formation con	cerning this matter, please o	all:	
MICHELE R	ODRIGUEZ		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Name of F	crzou		e Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	ling Fee		Certified Copy	Certificate of Status & Certified Copy
Regi Divi: P.O.	stration Sec sion of Cor Box 6327	porations	Registration Sec Division of Corp The Centre of Ta	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 MAY 29 PM 12: 13

SOLARBYCROTHORPE LLC

(Name of the Limited	Liability Company as it now appears on our reco A Florida Limited Liability Company)	ords.)
(4		ACIMOSEL, LORIDA
The Articles of Organization for this Limited Lia	bility Company were filed on 05/17/2022	and assigned
Florida document number L22000209068		·
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de.	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	DX)	
. If amending the registered agent and/or regi	etorod office address on our become	- eh
gent and/or the new registered office address h		the name of the new register
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street addres	23
_		orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered ayent 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>	Address	Type of Action
MGR	BELKE THORPE	1701 SW CYCLE ST	≣ Add :
		PORT ST LUCIE, FL 34953	□Remove
			□ Change
			□Removc
			Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Romove
			□Change
			□Add
			□Remove
			T.01

Page 2 of 3

						 -		
								
				-	-			
		_					•	
		<u>.</u>						
								
								_
							 	
			_				TOPA WAY CO	
_							Al C	¦ . ၁
	-						E	р -0
-								<u>≠</u> 72
-							er Er	P# 12: 13
-	 ,						<u> </u>	
<u>-</u>								_
_	· · · · · · · · · · · · · · · · · · ·							_
f ficcti fan elfe	ve date, if other tetive date is listed, th	than the date of se date must be speci	filing:	prior to date of fili	ng or more than 90	(optional) days after filing) L.) Pursuant to 6	605.020
Note:	if the date inscrted ent's effective date	in this block does	inot meet the ap	plicable statutor	y filing requirem	ients, this date	will not be li	isted a
		•				,		
e reco	ord specifies a	delayed effect	lve date, but	not an effec	tive time, at 1	l2:01 a.m.	on the ear	lier o
me.	90th day after	the record is n	neu.					
ated _	5/28/20	24	•	,				
		Signature	of a member or a	uthorized represer	ntative of a member	ī		