

L22000249454

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TAX LINKS CONSULTANTS LLC
Account Number : I20220000146
Phone : (407)270-4846
Fax Number : (407)270-4846

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROSSI SOLAR LLC**

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K. SALY

JAN 10 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rossi Solar 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:

WILLIAN GUILLEN ROSSI

Name of Person

Rossi Solar LLC

Firm/Company

258 Lake Mcleod Dr

Address

Eagle Lake, FL 33839

City/State and Zip Code

Willianguillen@gmail.com

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

For further information concerning this matter, please call.

WILLIAN GUILLEN ROSSI

407

367-8756

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
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(additional copy is enclosed) | <input type="checkbox"/> \$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

ROSSI SOLAR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2025 JAN -9 PM 5:02
SECURITY DIVISION
FALLAHASSEE, FLORIDA
CORDS.

The Articles of Organization for this Limited Liability Company were filed on 05/31/2022 and assigned Florida document number L22000249454

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Rossi Energy LLC

Ann

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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

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Dated 01 / 08 / 2025

11
KGM

Signature of a member or authorized representative of a member

Willian Donizete Guillen Rossi

Typed or printed name of signee

Filing Fee: \$25.00