L22000257469

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(Ac	ldress)	
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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:	JA Edwards	Solar Cleaning & Maintenand	ce LLC ,	
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Jordan Edwards & Lynn A	nello	
			Name of Person	
		JA Edwards Solar Cleaning	g & Maintenance LLC	
			Firm/Company	
		220 Weber Street		
			Address	
		Orlando FL 32803		
			City/State and Zip Code	
		LynnA@jacofamerica.com		
		E-mail address: (to be used for future annual report not	tification)
For further in	iformation co	oncerning this matter, please ca	all:	
Lynn Ancilo			407 677-7663	
	Name of	f Person	Area Code Daytin	me Telephone Number
Encloyed is a	check for th	ne following amount:		
\$25.00 F	iling 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 Se Division of Co The Centre of 2415 N. Monro	rporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JA Edwards Solar Cleaning & Maintenance LLC

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

(A Florid	da Limited L	iability Cor	npany)	ur recorus	<u>ı.</u>)			
The Articles of Organization for this Limited Liability C Florida document number <u>L22000257469</u>		were filed	I on <u>June 6, 2</u>	2022		and as	signed	
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the lim	nited liabi	lity comp	any here:					
The new name must be distinguishable and contain the words "Lin	mited Liabili	ty Compan	y," the designa	tion "LLC"	or the abbr	eviation "L	.L.C."	
Enter new principal offices address, if applicable:								
(Principal office address MUST BE A STREET ADDI	RESS)							_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						SECRETARY O	2022 AUG 9 AH	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office a	ddress or	ı our record	ls, <u>enter (</u>	the name	F STATE	<u>.</u>	stered
Name of New Registered Agent:								_
New Registered Office Address:		Ei	nter Florida str	eet address				_
<u></u>				Flo	rida			
		Cin				Zip Code		
New Registered Agent's Signature, if changing Registere	ed Agent:							
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete p ugent as p red office o	performa rovided f	nce of my d or in Chapt	uties, an er 605, F	d I am far 7.S. Or, if	niliar wi this doci	th and unent i	
	If Chang	ring Regict	ered Avent Si	gnature of	New Regic	tered Aven		

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	Christopher Serignese	851 Nottingham Street, Orlando FL 32803	□Add
			■Remove
			□ Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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			□Change

Typed or printed name of signee