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(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

Registration Section

TO:

Division of Cor	porations		:.
	OLAR, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	C/O GILDA ALMEIDA		
		Name of Person	
	GILDA ALMEIDA LAW	, PLLC	
		Firm/Company	
	1001 BRICKELL BAY D	RIVE SUITE 2700 #3	
		Address	
	MIAMI_F1, 33131		
		City/State and Zip Code	
	GILDA@GILDAALMEID E-mail address: (A.COM to be used for future annual report not	fication)
For further information c	oncerning this matter, please c		,
GILDA ALMEIDA		786 456 6167	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 1 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	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

E-TECH SOLAR, LLC				
(Name of the Li	mited Liability Comp (A Florida Limited	pany as it now appea Liability Company)	ars on our records.)	
The Articles of Organization for this Limited	Liability Compan	y were filed on O	0/22/2022	and assigned
lorida document number L22000412940				
his amendment is submitted to amend the fo	ollowing:			
If amending name, enter the new name	of the limited lial	bility company h	ere:	
NA.				
he new name must be distinguishable and contain th	e words "Limited Liab	ility Company," the d	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if app	licable:	NA		
Principal office address MUST BE A STREET ADDRESS)		NA		
				<u> </u>
				·
Inter new mailing address, if applicable:		NA	.•	
(Mailing address MAY BE A POST OFFICE BOX)		NA		-
			· · · · · · · · · · · · · · · · · · ·	5:
				ڼ٠
3. If amending the registered agent and/or	registered office a	address on our re	cords, enter the name	of the new regist
gent and/or the new registered office addr	ess here:		<u>-</u>	
Name of New Registered Agent:	NA			
New Registered Office Address:	NA			
		Enter Flori	da street address	
	NA		, Florida NA	
		City	,	Zip Code

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

n == 011 001 111 11 0

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> </u>	<u>Name</u>	Address	Type of Action
MNG	RAFAEL CESCHIN	3030 NE 188th Street - suite 307	□ Add
		AVENTURA, FL 33180	≣Remove
			Change
NA	• NA	NA	
		NA	□ Remove
		NA	□Change
NA	NA	NA	□Add
		NA	□ Remove
		NA	
NA	NA 	NA	□Add
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			□ Change

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	NA			
fective date, if other than the date of	f filing:		(optional)	(0.0.00
in effective date is listed, the date must be speci- ote: If the date inserted in this block does				
curnent's effective date on the Departmer		,	,	
ecord specifies a delayed effective date, but	ut not an effective time,	at 12:01 a.m. on the ea	rlier of: (b) The 90th da	ay after th
is filed.	,		• •	•
July 15 ated	2024			
	18	TY .		
	an a me Sor or aumoriza	representative of a mem	her	

Typed or printed name of signee