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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations

CANAIMA SOLAR SOLUTION LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HALIM NÕHRA.

Name of Person

Firm/Company

28715 ALESSANDRIA CIRCLE

Address

BONITA SPRINGS FLORIDA ZIP CODE 34135

City/State and Zip Code

tuofiemaenusa@gmail.com

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

For further information concerning this matter, please call:

HALIM NOHRA 239 7450416 at (_____) Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

🛢 \$25.00 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 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

CANAIMA SOLAR SOLUTION ELC

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

The Articles of Organization for this Limited Liability Company were filed on <u>11/02/2022</u> and assigned Florida document number <u>1.22000470847</u>.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

28715 ALESSANDRIA CIRCLE

BONITA SPRINGS FLORIDA, ZIP CODE 34135

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, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	023 F.	
New Registered Office Address:	· ~ · · · · ·	
	Enter Florida street address	
	, Florida	
	City Eity City	

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being adde or removed from our records:

Title	<u>Name</u>	Address	Type of Action
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		BONITA SPRINGS FLORIDA ZIP CODE 34135	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 02	2023
	$\overline{)}$
	Signature of a menter whereved representative of a member
HALIM NOHRA	
-	Typed or printed name of signee

Filing Fee: \$25.00

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