

L23000078500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

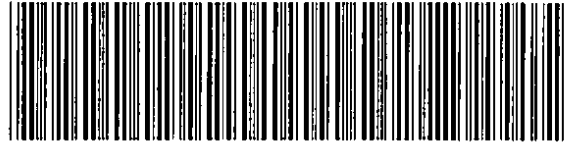
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/16/23--01014--001 \*\*25.00

FILED  
2023 JUN 16 PM 1:26  
Arkansas State Court

*[Handwritten signature]*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Elite Solar Solutions 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:

Tyler Eiland

\_\_\_\_\_  
Name of Person

Elite Solar Solutions LLC

\_\_\_\_\_  
Firm/Company

620 Alhambra Ave

\_\_\_\_\_  
Address

Atlamonte Springs, FL, 32714

\_\_\_\_\_  
City/State and Zip Code

tyler@eilandmgt.com

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

For further information concerning this matter, please call:

Tyler Eiland

386

569-4019

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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 Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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our records.)

our records.)

**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>
MGR	Tyler Eiland	620 Alhambra Ave	<input type="checkbox"/> Add
		Altamonte Springs	<input type="checkbox"/> Remove
		FL, 32714	<input checked="" type="checkbox"/> Change
MGR	Chris Nemethy		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Aaron Bradley Mote	213 E Harrison Ave	<input checked="" type="checkbox"/> Add
		Coeur d'Alene	<input type="checkbox"/> Remove
		ID, 83814	<input type="checkbox"/> Change
MGR	Ryan Basnaw	6602 Springview St.	<input checked="" type="checkbox"/> Add
		Spokane	<input type="checkbox"/> Remove
		WA, 99224	<input type="checkbox"/> Change
MGR	Kevin Basnaw	6602 Springview St.	<input checked="" type="checkbox"/> Add
		Spokane	<input type="checkbox"/> Remove
		WA, 99224	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Tyler Eiland  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**