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TABLE FOR THE STATE OF THE STAT

## **COVER LETTER**

Division of Cor			
SUBJECT:	AMAI	2A SC, LLC ted Liability Company	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	THO	MAS GEORGIA Name of Person	IDIS
		Firm/Company	<u></u>
	10821	NW 21st Str	eet
	SUNRIS	E FL 3332. City/State and Zip Code	2
	E-mail address: (to	corgiadis @ ~	15 M. Com fication)
For further information co	oncerning this matter, please ca	II:	
THOMAS Name of	GEORGIADIS Person	at (727) 741 - Area Code Daytime	- 11 8 9 e Telephone Number
Enclosed is a check for th	e 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 S Division of Co	ection orporations	Street Address: Registration Sec Division of Cor	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMAR	A SOLAR LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $3/8/23$	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
AMARA	SC. LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.	.C."
Enter new principal offices address, if applicable:	10821 NW 215	+ Stree	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	SUNRISE, FL		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10821 NW 215 SUNRISE, FL		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the n</u>	STP SEP	registered
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:		SE P	
	Enter Florida street address . Florida	# OI	
· ·	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 a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effe	ective date, if other than the date of filing:
No	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ument's effective date on the Department of State's records.
ord i	cord 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 s filed.
Dat	September 11th, 2024
	Signature of a member or authorized representative of a member
	THOMAS CESSCALLE
	THOMAS GEORGIADIS  Typed or printed name of signee