## L23000131813

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## **COVER LETTER**

**Registration Section** 

TO:

Div	ision of Corp	oorations			
	MS SOLAR	LLC			
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	d Articles of 7	Amendment and fee(s) are sub	nitted for filing.		
Please returr	all correspor	ndence concerning this matter t	to the following:		
		MARIENILDA PIERLUIS	SI		
Name of Person					
		MPECONSULTING, COR	P		
2700 GLADES CIRCLE STE 127					
	5				
WESTON, FL 33327					
			City/State and Zip Code	<del></del>	
		maryp@mpeconsulting.net			
		E-mail address: ()	to be used for future annual report notifi	ication) .	
For further i	nformation co	oncerning this matter, please co	all:		
marienilda p	pierluissi		754 216-4105 at ()		
	Name of	i Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	ne 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)	
Re Di P.	ailing Addres egistration S vision of C O. Box 632 allahassec, l	Section orporations 7 -	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee 2 Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MS SOLAR LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on o a Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability C		223 and assigned
Florida document number L23000131813	<del>.</del>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 7
<u>Principal office address MUST BE A STREET ADD.</u>	<u>RESS)</u>	
		:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ds, <u>enter the name of the new regi</u>
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida st	reet address
		, Florida Zip Code
	Ciţy·	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 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

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ffective date, if other than t an effective date is listed, the date r ote: If the date inserted in this ocument's effective date on the	nust be specific and cannot be block does not meet the a	oplicable statutory fili	(optiona more than 90 days after filin ng requirements, this da	g.) Pursuant to 605,020
ecord specifies a delayed effectis filed.	tive date, but not an effecti	ve time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
OCTOBER 31	2023			