

L23 000 248 304

Ver

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

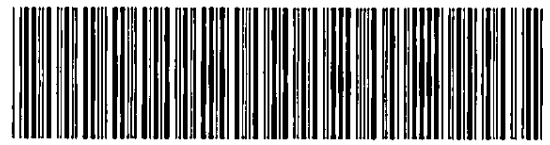
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
MASSACHUSETTS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Patriot Today 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:

Mike Patterson
Name of Person

KLN Solar LLC
Firm/Company

511 Hickory Hammock Rd
Address

Lake Wales, FL 33859
City/State and Zip Code

mike@KLNSOLAR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Patterson at (813) 438 4065
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>
AMBR	Essential Solar Consulting LLC	5121 Hickory Hammock Rd	<input type="checkbox"/> Add
		Lake Wales, FL 33859	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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This address is incorrect to begin with but we are removing it anyway altogether

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Ensure phone # is 813 438 4065 or no phone # is listed
publicly .

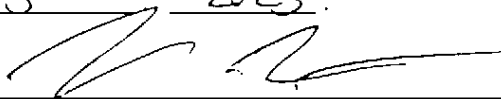
E. Effective date, if other than the date of filing: 12/15/23 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 December 15, 2023.



Signature of a member or authorized representative of a member

Mike Patterson

Typed or printed name of signee