To.

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(((H23000390443 3)))



H230003904433ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703 Fax Number : (718)504-7890

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Email Address: hazel@interstatefilings.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NUVISION SOLAR ENERGY LLC

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To:

(((H230C0390443 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N. T.	
(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 66/21/2023  Florida document number L23000298958	and assigned
This amendment is submitted to amend the following:	
A. If amending name, cuter the new name of the limited liability company here:	
NUVISION SOLAR LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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 magent and/or the new registered office address here</u> :	
B. If amending the registered agent and/or registered office address on our records, enter the m	ame of the new registe
B. If amending the registered agent and/or registered office address on our records, enter the magent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ame of the new registe
B. If amending the registered agent and/or registered office address on our records, <u>enter the magent and/or the new registered office address here:  Name of New Registered Agent:</u>	ame of the new registe
B. If amending the registered agent and/or registered office address on our records, enter the magent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	ame of the new registe
B. If amending the registered agent and/or registered office address on our records, enter the magent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ame of the new registe

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

From: Alexander Englard

(((H23000390443 3)))

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>	Name	Address	Type of Action
			DAdd
			□Romove
			□Change
			□Add
			CRemove
			□Change
			= Remove
			□Change
			(□Remove
			ElChange
<del>,-1,-1,-1,</del>		•	🗀 Add
			□Remove
			_ Change
			①Add
			□Remove
			□ Change

(((H230C0390443 3)))

-10161	fective date, if other than the date of filing:  [coptional]  fective 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the lod.
Dated	November 10th 2023
Dated	ADS = I
Dated	11/1/11
Dated	Signature of a member or nuthorized representative of a member

(((H23000390443 3)))

Filing Fee: \$25.00