L23000323185

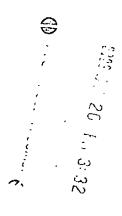
	(Requestor's Name)
_	(Address)
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	(City/State/Zip/Phone #)
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PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Submitted Street, 1987)
	(Document Number)
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0-26-40-6-	Codification of Status
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Pro Solar Advisers Ilc	
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
Sty/	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Phuto Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ .	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Jig.iai.i.c	Vehicle Search
	Driving Record
Requested by: seth	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

er nareze		olar Advisers llc	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Jose Cardenas	
		Name of Person	<u></u>
	Pro Solar Advisers llc		
		Firm/Company	
	5881 NW 151ST SUITED	03	
		Address	
	MIAMI LAKES, FL 3301	4	
		City/State and Zip Code	
	Pro Solar Advisers Ilc		
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	all:	
Jose Cardenas		786 357-5020	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

TO:

Registration Section Division of Corporations

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pro Solar Advisers IIc		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records. Limited Liability Company)	.)
The Articles of Organization for this Limited Liability C	ompany were filed on 07/07/2023	and assigned
Florida document number 1.23000323185		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		· :
Principal office address MUST BE A STREET ADDR	(ESS)	
		· · · · · · · · · · · · · · · · · · ·
		<u>:</u> سے
Enter new mailing address, if applicable:		;;
Mailing address MAY BE A POST OFFICE BOX)		. , ,
3. If amending the registered agent and/or registered agent and/or the new registered office additional agent and/or the new registered office additional agent.	·	enter the name of th
Name of New Registered Agent:	*****	<u> </u>
New Registered Office Address:	P 29 1	
	Enter Florida street address	
	, Flor	ri da Zin Code
	City	гір Соде

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 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>	Address	Type of Action
MGR	Jose Cardenas	5881 NW 151ST SUITE103	Add
		MIAMI LAKES, FL 33014	□ Remove
			Change
AMBR	Yamilet Cardenas	5881 NW 151 st Street suite 103	∑ z Add
		Miami Lakes, FL 33014	Remove
			□ Change
			Add
			☐ Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			□ Change

Effective date, if other than the date of filing: 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 695 0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated Signature of a nyelber or authorized representative of a member		N/A
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated		
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The 90th day after the record is filed. Dated	Note	: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
Signature of a member or authorized representative of a member	Date	1 1/19/23
<i>y</i>		Oose Cardenas
Jose Cardenas		Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00