

L2400042897

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000207294 3)))



H240002072943ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ASAP LAW, PLLC
Account Number : I20190000038
Phone : (407)461-9885
Fax Number : (407)641-8159

2024 JUN 13 PM 1:56
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAN CONSTRUCTION SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2024 JUN 13 PM 1:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

K. SALY
JUN 14 2024

H24000207294 3

AMENDED ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
2024 JUN 13 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I. The name of the Limited Liability Company shall be MAN Construction Services LLC.

Article II. The street address of the principal office of the Limited Liability Company is:

2623 Hilltop Loop
Apopka, FL 32712

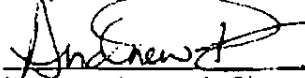
The mailing address of the Limited Liability Company is:

2623 Hilltop Loop
Apopka, FL 32712

Article III. The name and the Florida street address of the registered agent are:

MANSA FIRM LLC
2623 Hilltop Loop
Apopka, FL 32712

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.



Registered Agent's Signature (REQUIRED)

ARTICLE IV. The name and address of each person authorized to manage and control the Limited Liability Company:

Title MMBR

MANSA FIRM LLC
2623 HILLTOP LOOP
APOPKA, FL 32712

H24000207294 3

Title MMBR

NAMAKIRA LLC
1610 ONECO AVE
WINTER PARK, FL 32789

Title MMBR

SÓLAR HARVEST AND CONSULTING, INC
640 LAKE CLAIRE COURT
OVIEDO, FL 32765

FILED
2024 JUN 13 PM 1:56
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Andrew Phillips

Typed or printed name of signee