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.

(((H24000257277 3)))



H2400025727734803

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Division of Corporations

Fax Number : (850)617-6383

:

To:

Account Name : INC AUTHORITY, LLC

Account Number : 120240000004 Phone : (775)329-7721 Fax Number : (775)376-9207

**Enter the email address for this business entity to be used for future

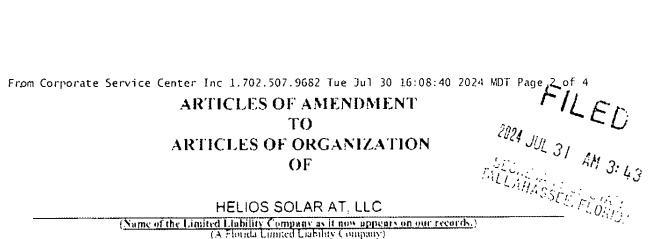
Email Address: Ansh.Patel102104@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HELIOS SOLAR AT, LLC

Certificate of Status	0
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K. SALY

AUG - 1 2024



(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L24000289433	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI,C" or the abbreviation "LI,C,"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>'S)</u>
Enter new maiting address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere	ed office address on our records, enter the name of the new
B. If amending the registered agent and/or registere	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:	s here:
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	Enter Fiorida street address
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	s here:
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	Enter Fiorida street address Florida City Zip Code

From Corporate Service Center Inc 1.702.507.9682 Tue Jul 30 16:08:40 2024 MDT Page 3 of 4

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

Title	Name	Address	Type of Action
MGR	Tedros Berelsman	3033 Morton Way	Add
		West Melbourne, FL 32904	☑ Remove
			□ Change
			🗖 Add
			☐ Remove
			Change
			T Change 3: 43
			10 Changer
			_□ Remove
			_D Change
			_□ Add
			□ Remove
			_D Change
			_D Add
			_□ Remove
			_ Change

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i an ein <mark>Note:</mark>	ve date, if other than the date of filing: N/A (optional) setive date is listed, the date must be specific and cannot be prior to date of filing or name than 90 days offer filing.) Pursuant to 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Inted_	July 29 2094.
	Signature of a member or authorized representative of a member
	Ansh Patel

Page 3 of 3

Filing Fee: \$25.00