M19 000003847

(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone #	()
PICK-UP	WAIT	MAIL
<u> </u>		
(Bu	siness Entity Name	e)
(Do	ocument Number)	
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A. BUTLER NOV - 7 2022

COVER LETTER

	egistration Sec Division of Corp				
		H GEORGIA. LLC	·		
SUBJECT	l:	Name of Limi	ted Liability Company		
The enclos	sed Articles of A	imendment and fee(s) are sub	nitted for filing.		
Please retu	irn all correspon	dence concerning this matter	to the following:		
		MARCOS TRAFICANTE			
			Name of Person		
		WESWORTH GEORGIA	LLC		
			Firm/Company		
		2351 N DIXIE HWY			
			Address		
		POMPANO BEACH, FL 3	3060		
			City/State and Zip Code		
		MARCOS@WESWORTH.			
		E-mail address: (to be used for future annual r	eport notification)	
For furthe	r information co	oncerning this matter, please co	all:		
MARCO	S TRAFICANT	E		5666	
	Name of	Person	at () Area Code	Daytime Telepho	one Number
Enclosed	is a check for th	e following amount:			
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WESWORTH GEORGIA, LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records.) mited Liability Company)
he Articles of Organization for this Limited Liability Comlorida document number M19000003847	npany were filed on 03/28/2019 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
VESWORTH SOLAR, LLC	
he new name must be distinguishable and contain the words "Limited	I 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 ADDRES	(22)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida street address
	, Florida
, 	City Zip Code

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 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>	Type of Action
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□ Remove
			□Change
			Add
			□Remove
			□ Change

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Effec	ve date, if other than the date of filing: (ontional)
Note:	ve date, if other than the date of filing:
he reco	d 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 ed.
	AUGUST. 09 2022
Dated	

Typed or printed name of signee