

M220220/7023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

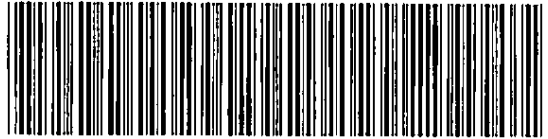
Certified Copies _____ Certificates of Status _____

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2024 MAY 30 PM 12:36

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2024 MAY 30 PM 3:21

TOP SECRET STATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flare Experience LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leslie Martello, Legal Specialist

Name of Person

Gesmer Updegrove LLP

Firm/Company

40 Broad Street

Address

Boston, Massachusetts 02110

City/State and Zip Code

leslie.martello@gesmer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Martello, Legal Specialist

Name of Person

at (617) 350-6800

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Flare Experience LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

1688 Meridian Ave., 6th Floor

Miami Beach, Florida 33139

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

1688 Meridian Ave., 6th Floor

Miami Beach, Florida 33139

2. The Florida document number of this limited liability company is: M22000017023

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: November 8, 2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Flare for Solar LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter 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.

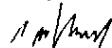
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Scott Killoh, Manager

Typed or printed name of signee

Filing Fee: \$25.00

478650-25

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "FLARE EXPERIENCE-LLC",
CHANGING ITS NAME FROM "FLARE EXPERIENCE LLC" TO "FLARE FOR
SOLAR LLC", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF
MAY, A.D. 2024, AT 2:47 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

7123041 8100
SR# 20242518696

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203581834
Date: 05-29-24

**STATE OF DELAWARE
LIMITED LIABILITY COMPANY**

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION**

OF

FLARE EXPERIENCE LLC

FIRST. The name of the limited liability company is Flare Experience LLC.

SECOND. The Certificate of Formation of the limited liability company is hereby amended as follows:

Article First is hereby deleted in its entirety and replaced with the following:

"FIRST. The name of the limited liability company is Flare for Solar LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of Flare Experience LLC this 28th day of May, 2024.



Scott Killoh, Manager