## L15000196231

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## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
SUBJECT: SOLAR SEALING LLC Name of Limited Liability Company
The company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gabriel Eler N. Vasconcellos Name of Person
SOLAR SEALING LLC Firm/Company
Firm/Company
516 Sonturn Ave
Address
Sarasuta/Fiorida 34243
Sarasota/Fiorida 34243  Fabio 1995 v @ Gmail. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
Gabriel Vasconcellos au (941, 320 2326
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLAR SEALING	LLC	
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	<u>_</u>
The Articles of Organization for this Limited Liability C Florida document number <u>L15000196231</u>	_	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit STONE SEALER LLC.  The new name must be distinguishable and contain the words "Limit Name of the limit		r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		SEP 24
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our records, enter the	e name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	P - 17 - 1	
	Enter Florida street address	
-	Floric	da

## 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
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			□Change
			□Add
			□Remove
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Effective date, if other than the if an effective date is listed, the date mu	st be specific and can	not be prior to date of	of filing or more than 6	(optional) 90 days after filing.) Pursuar	u to 605,020	7 (3 <b>x</b>
<b>Note:</b> If the date inserted in this b document's effective date on the fi	lock does not meet	the applicable sta	tutory filing require	ements, this date will not	be listed a	s the
e record specifies a delayed effecti- rd is filed.	ve date, but not an	effective time, at	12:01 a.m. on the ea	arlier of: (b) The 90th d	ay after the	:
Dalaid <u>84/26</u> Dalaid 9  Gubriel E	2	2023				
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Filing Fee: \$25.00

Typed or printed name of signee