## 17000005298

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M. MILLIGAN JUN 3 0 2017

## **COVER LETTER**

Registration Section

Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

SUBJECT: Solidiore Installations

TO:

Name of Limite	ed Elability Company	•
The enclosed Articles of Amendment and fee(s) are subm	sitted for filing.	
Please return all correspondence concerning this matter to	the following:	
Jesse Ve	Person	<del></del>
Solidare	Firm/Company	
6217 Sue	Page Dr.	
	See FL 3 City/State and Zip Code	
<u>Jesseve ase</u> E-mail address: (1)	be used for future annual report notif	ication)
For further information concerning this matter, please cal	II:	
Jesse Veasey Name of Person	at (850) 528 Area Code Daytime	· 6802.
Enclosed is a check for the following amount:		Clean on tillian the
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section

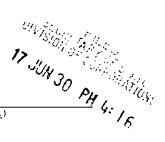
Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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

(A Florida Limited L	iability Company)	'F
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700005298</u> .	were filed on \\	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		cords, enter the name of the nev
New Registered Office Address:	Enter Florida street a	nddress
		Ch
	Сііу	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	performance of my dutie	rs, and I am familiar with and

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 Type of Action <u>Address</u> Title Name | Theodore 2715 Via Milano Ne. DAdd AMBR Tallahasset, FL 32303 ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove \_□ Change \_□ Add □ Remove \_□ Change □ Add □ Remove \_□ Change  $\square$  Add ☐ Remove

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Filing Fee: \$25.00