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COVER LETTER

SUBJECT:	SOA Pus	116			
Please return all correspondence concerning this matter to the following: Solid					
TOTAL CONTRACTOR OF		16 GY			
The enclosed Articles of	Amendment and tee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
Division of Corporations URJECT: SOA Resolution of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: FirmvCompany Street Address					
		Firm/Company	····		
	3148 D.	M Wilson B. Address	2115 tion but		
	Tallahassee	City/State and Zip Code			
	E-mail address: (to be used for future annual report not	fication)		
For further information of	oncerning this matter, please c	all:			
Rando	of Person	at (<u>250)</u> <u>8(0)</u> Area Code Daytin	3 - O O O O O O O O O O O O O O O O O O		
Enclosed is a check for t	he following amount:				
1 \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
			ction		
•		-			
P.O. Box 6327					
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	records.)		
The Articles of Organization for this Limited I Florida document number			03-23	_ and assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liabil	ity company here:			
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation	on "LLC" or the abbro	viation "L.L.C."	
Enter new principal offices address, if appli (Principal office address MUST BE A STRE	0.1	48 Dick Talluhasse	wison	37301 Bray on	: t 3110
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)			7.7	
B. If amending the registered agent and/or agent and/or the new registered office address.		ldress on our records,	enter the name o	of the new register	<u>ed</u>
Name of New Registered Agent: New Registered Office Address:	Ray 21405	20 Cm	e R		よいこ
New Registered Office Address.	Tulluh	Enter Florida stree	t address, Florida	230\ 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

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** <u>Dzuma</u> Change □ Remove _____ Change \Box Add _____ □Remove _____ □Change _ 🗆 Add Remove _____ Change _ □Add

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record 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 ord is filed. Dated Signature of a member or autilibrized representative of a member	. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Signature of a member or authorized representative of a member	Dated 2-6-24	
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