

M22000000023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

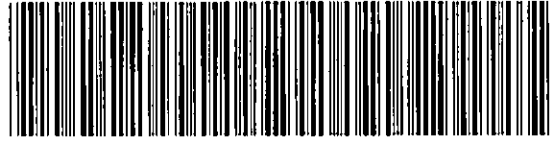
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500384278325

04/04/22--01008--005 **55.00

Amend

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 APR -4 AM 11:40

RECEIVED

APR 11 2022
ALBRITTON

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 APR -7 AM 8:31

FILED

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) - (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 4/4 DANNY

XX CERTIFIED COPY _____

PHOTOCOPY _____

CUS _____

XX FILING

LLC AMEND _____

1. SOLIDUS ADVISORS, LLC
(CORPORATE NAME AND DOCUMENT #)

2.
(CORPORATE NAME AND DOCUMENT #)

3.
(CORPORATE NAME AND DOCUMENT #)

4.
(CORPORATE NAME AND DOCUMENT #)

5.
(CORPORATE NAME AND DOCUMENT #)

6.
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2022

CORPORATE ACCESS

SUBJECT: SOLIDUS ADVISORS, LLC
Ref. Number: M22000000023

Corrected

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a Florida Limited Liability Company, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 422A00007878

2022 APR -7 PM 12:46

**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: Solidus Advisors, LLC

Enter new principal office address, if applicable: 1110 Brickell Avenue, Suite 800 A&B

**(Principal office address
MUST BE A STREET ADDRESS)**

Miami, FL 33131

Enter new mailing address, if applicable:

**(Mailing address
MAY BE A POST OFFICE BOX)**

1110 Brickell Avenue, Suite 800 A&B

Miami, FL 33131

2. The Florida document number of this limited liability company is: M22000000023

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/29/2021

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

5. New name of the limited liability company: _____
(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

FILED
2022 APR -7 AM 8:39
TALLAHASSEE, FL
DEPARTMENT OF STATE

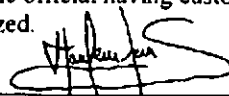
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Address changes below

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Eduardo Sacco Perez Sosa	1110 Brickell Avenue, Suite 800 A&B	<input type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
AMBR	SolCap, Ltd.	1110 Brickell Avenue, Suite 800 A&B	<input type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
AMBR	Carlos Mosquera Benatuil	1110 Brickell Avenue, Suite 800 A&B	<input type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
AMBR	Horacio Gandara Sedales	1110 Brickell Avenue, Suite 800 A&B	<input type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
			<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

Horacio Gandara Sedales

Typed or printed name of signee

Filing Fee: \$25.00