

L190000 10 623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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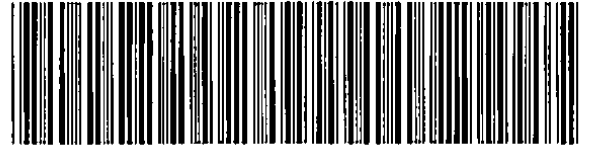
(Business Entity Name)

(Document Number)

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FILED
15 JUL 15 2019
STATE OF NEW YORK

JUL 20 2019

CHC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 110 Solana, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael J. McCabe

Name of Person

McCabe & Ronsman

Firm/Company

110 Solana Road, Suite 102

Address

Ponte Vedra Beach, Florida 32082

City/State and Zip Code

mccabe@jaxlandlaw.com

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

For further information concerning this matter, please call:

Michael McCabe

904

504-5497

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

110 Solana, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/09/2019 and assigned
Florida document number L19000010623.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

110 SOLANA ROAD, SUITE 102

PONTE VEDRA BEACH, FL 32082

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

110 SOLANA ROAD, SUITE 102

PONTE VEDRA BEACH, FL 32082

B. If amending the registered agent and/or registered office 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:

Michael J. McCabe

New Registered Office Address:

110 SOLANA ROAD, SUITE 102

Enter Florida street address

PONTE VEDRA BEACH, FL

Florida 32082

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Hazeline K. McCabe	110 SOLANA ROAD, STE 102, PONTE VEDRA BCH, FL 32082	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael McCabe		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		110 SOLANA ROAD, STE 102, PONTE VEDRA BCH, FL 32082	<input checked="" type="checkbox"/> Change
MGR	DAVID REPASS		<input type="checkbox"/> Add
		111 SOLANA ROAD, STE B, PONTE VEDRA BCH, FL 32082	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated 7/11/2019.

Signature of a member or authorized representative of a member

Typed or printed name of signee