

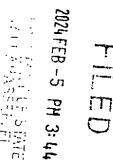
(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bi	usiness Entity Name)
(D	ocument Number)
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COVER LETTER

TO: Registration Section

Division of Co	rporations			
COMPUB	UILD, LLC			
SUBJECT:				
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Armin Baltis			
	- Constitution - Cons	Name of Person		
		Firm/Company		
165 Geranium Ct				
	Marco Island, FI	Address . 34145	·	
	abaltis@msn.cor	City/State and Zip Code		
	E-mail address: (to be used for future annual report noti	fication)	
For further information (concerning this matter, please c	all:		
Armin Baltis		513 484-2672		
		at ()		
Name o	of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he 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 Addre		Street Address:	ation	
Registration Division of (Registration Section Division of Corporations		
P.O. Box 632	-	The Centre of T	•	
Tallahassee,			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Compubuild,LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co. Florida document number 1.06000013380	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Solstyce, LLC		
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDR</u>	ESS)	<u> </u>
		S in I
		5 P M
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		- T
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	l office address on our records, enter	the name of the new regis
gent and/or the new registered ornice address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ss
	FI	lorida
	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>	Type of Action
			□ Add
			□Remove
			□Change
			
			□Remove
			□Change
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fective date, if other than th	a data of filings		(anti-	.mal)
on effective date is listed, the date mote: If the date inserted in this ocument's effective date on the	ust be specific and cannot be block does not meet the a	eprior to date of tiling opplicable statutory f		filing.) Pursuant to 605.0207
ecord specifies a delayed effect is filed.	ve date, but not an effect	tive time, at 12:01 a.	m. on the earlier of: (b) The 90th day after the
31 January	2024			
ited	·	·		
	// .	B SL		
	(francis	サノクリア:-		
	Armin Signature of a member of	Tallis r authorized representa	tive of a member	