

LO000042138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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OCT 19 2009

**EXAMINER**

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09 OCT 16 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

COVER LETTER

10/8/2009

TO: Registration Section  
Division of Corporations

SUBJECT: Solvera LLC / Solvera Solutions LLC (new)  
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:

Amy Woodard  
Name of Person  
Solvera LLC  
Firm/Company  
8 W Yale St.  
Address  
Orlando, FL 32804  
City/State and Zip Code  
amy-lynn-woodard@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Woodard at (407) 408-7348  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2009

SOLVERA, LLC  
8 W. YALE STREET  
ORLANDO, FL 32804

SUBJECT: SOLVERA LLC  
Ref. Number: L06000042138

We have received your document for SOLVERA LLC and your check(s) totaling \$416.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 309A00028796

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

SOLVERA 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 4/24/2006 and assigned  
Florida document number LO6000042138.

This amendment is submitted to amend the following:

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

SOLVERA SOLUTIONS LLC

The new name must be distinguishable and end with 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)

8 W. YALE STREET  
ORLANDO, FL 32804

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

8 W. YALE STREET  
ORLANDO, FL 32804

**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:

Amy Woodard

New Registered Office Address:

8 W Yale St.

Enter Florida street address

Orlando

Florida

City

FILED  
09 OCT 16 4 16 PM  
CLERK OF STATE  
TALLAHASSEE FLORIDA

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

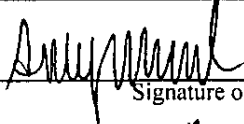
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Amy Woodard	8 W. Vale St. Orlando, FL 32804	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Amy Woodard		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated October 8, 2009



Signature of a member or authorized representative of a member

Amy Woodard

Typed or printed name of signee

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 09 OCT 16 AM 8:16  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA