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COVER LETTER

TO: Registration Section Division of Corporations

Solid Concepts, LLC		•	٠,

SUBJECT:			
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael F. Aranda		
	Solid Concepts, Ile	Name of Person	
			<u></u>
	441 Sombrero Beach Rd	Firm/Company	
	Marathon, FI 33050	Address	 ,
	mike@solidconceptsllc.com		
	E-mail address: (to be used for future annual report noti-	lication)
	oncerning this matter, please ca		
Michael Aranda		561 722-6590	
Name o	d Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		©
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Feet To Certificate of States & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9 Division of C	Section Corporations	Street Address: Registration Sec Division of Cor	porations
Registration S	Section Corporations	Registration Sec	ction porations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solid Concepts, Ilc

company has been notified in writing of this change.

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)			
The Articles of Organization for this Limited Liability Comp Florida document number	any were filed on March 6, 2007		_ and as	signed
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 I.	Liability Company," the designation "LLC" or	the abbre	viation "L	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	0			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the</u>	e name <u>c</u>	of the ne	w registere
Name of New Registered Agent:				
New Registered Office Address:		::	20.	(2)
New Registered Office Address.	Enter Florida street address		W MAI	77
	, Florid	la	ZAT Code	
New Registered Agent's Signature, if changing Registered Agent	·	· ·	> Ap Code D	in
I hereby accept the appointment as registered agent and				
provisions of all statutes relative to the proper and comp				
accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of				

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Michael F. Aranda	441 Sombrero Beach Rd, Marathon, Fl 33050	
			■Add
			🗆 Remove
			□Change
MGR	TLA Unlimited, llc	441 Sombrero Beach Rd, Marathon, Fl 33050	
			□Add
			= Remove
			🗀 Change
			-
			□Change
			□Add
			□Remove
			© Change II
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			□Remove
			□ Change

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ective date, if other than th	e date of filing:		(optional)	
effective date is listed, the date mu	ust be specific and cannot be pri	ior to date of filing or more	than 90 days after filing.) P	ursuant to 605.020
te: If the date inserted in this but the term of the I the term of the I	Department of State's recor-	ds.	equirements, this date wi	
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ed	Signature of a member or au	thorized representative of	a member	