

L080000095028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

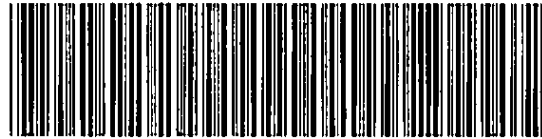
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800338295268

01/02/20--01010--025 **25.00

FILED
2020 JAN -2 PM 6:15
CLERK OF SUPERIOR COURT
ALBUQUERQUE, NM

JAN 30 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLAIRE 1910, 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:

MEENA G. CHAUDHARI
Name of Person

Firm/Company

375 EMERSON PLAZA, #1212
Address

ALTAMONTE SPRINGS, FL 32701
City/State and Zip Code

gchaudhari@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MEENA G. CHAUDHARI at (407) 963-3663
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SOLAIRE 1910 LLC

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

FILED
2000 JAN -2 PM 6:05
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10-07-2008 and assigned
Florida document number L08000095028

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)

375 EMERSON PLAZA
SUITE # 1212
ALTAMONTE SPRINGS, FL
32701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

375 EMERSON PLAZA
SUITE # 1212
ALTAMONTE SPRINGS, FL
32701

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:

MEENA G. CHAUDHARY

New Registered Office Address:

375 EMERSON PLAZA, # 1212

Enter Florida street address

ALTAMONTE SPRINGS, Florida FL 32701

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.

Meena G. Chaudhary

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	SANJAY CHAUDHARI	1616 ELIZABETHS WALK WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	MEENA CHAUDHARI	375 EMERSON PLAZA # 1212 ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

None

E. Effective date, if other than the date of filing: 1-1-2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____, _____.

Meena G Chaudhari

Signature of a member or authorized representative of a member

MEENA G CHAUDHARI

Typed or printed name of signee