

LI000000 17898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

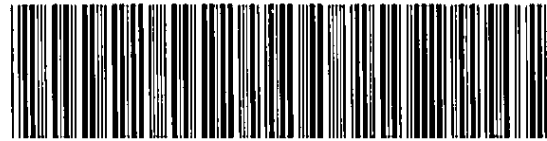
(Business Entity Name)

(Document Number)

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Amend/cc
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ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOLARVIT NATURAL 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:

RUBEN ALCOBA, ESQ.

Name of Person

ALCOBA LAW GROUP PA

Firm/Company

6355 NW 36 STREET STE 201

Address

MIAMI, FLORIDA 33166

City/State and Zip Code

ALCOBA@ALCOBALAW.COM

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

For further information concerning this matter, please call:

RUBEN ALCOBA

305 362-8118

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

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

SOLARVIT NATURAL 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 02/17/2010 and assigned
Florida document number L10000017898

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:

5365 HIATUS RD

(Principal office address MUST BE A STREET ADDRESS)

SUNRISE, FLORIDA 33351

Enter new mailing address, if applicable:

5365 HIATUS RD

(Mailing address MAY BE A POST OFFICE BOX)

SUNRISE, FLORIDA 33351

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:

ALCOBA LAW GROUP PA

New Registered Office Address:

6355 NW 36 STREET, SUITE 201

Enter Florida street address

MIAMI

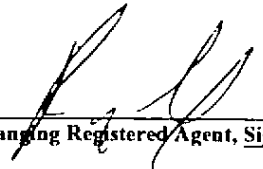
City

Florida 33166

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	DANIELA SOFIA TORRADO	5365 HIATUS RD	<input checked="" type="checkbox"/> Add
		SUNRISE FL 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JIE LI	5365 HIATUS RD	<input type="checkbox"/> Add
		SUNRISE FL 33351	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	YADIRA SERENO	5365 HIATUS RD	<input type="checkbox"/> Add
		SUNRISE FL 33351	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	OSWALDO VILLORIA	9935 NW 46 ST	<input type="checkbox"/> Add
		APT 1	<input checked="" type="checkbox"/> Remove
		DORAL FL 33178	<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

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(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)

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.

BRUARY 7 _____, 2020


 Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00