## L10000114305

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J. HARRIS

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	T: Solvan LLC Name of Limited Liability Company	
The en	sed Articles of Amendment and fee(s) are submitted for filing.	
Please	arn all correspondence concerning this matter to the following:	
	SEMNINGS BOINS  Name of Person  BOLEMN, LCC  Firm/Company  403 LAST TENNISSEE ST  Address  TAIJALASSEE FI 32301  City/State and Zip Code  BLAND BOLING 1225 P. Varhoo, Lown	
	E-mail addiess: (to be used for future a dual report notification)	
For fur	r information concursing this matter, please call:	
/	Name of Person at (407) 234 1187  Area Code Daytime Telephone Number	,
Enclos	is a check for the following amount:	
	0 Filing Fee	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BolkAN, LLC	<b>?</b> •
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L/0000//4305</u>	were filed on 11-03-2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SENNINGS BLAKE BOIN
(Principal office address MUST BE A STREET ADDRESS)	YOU ETENNESSEZ ST
·	TAMARASS CE, F/ 32301
_	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. Brainending the registered agent and/or registered off	fice address on our records, essenthe name of the new
registered agent and/or the new registered office address here	#
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
·	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registe

MGR = Manager AMBR = Authorized Member <u>Title</u> Address Type of Action Change □ Add □ Remove ☐ Change DbA 🗖 □ Remove □ Change 2-1-15 404 \_□ Add □ Remove □ Change 🗖 Add □ Remove □ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added

or removed from our records:

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<u>e.</u> 11 11	date, if other than the date is listed, the date in this listed in this list of the date on the list of the list o	biock does n	of meet the a	applicable st	of filing or more atutory filing t	(opt e than 90 days afte requirements, th	ional) or filing.) Pursua is date will no	um to 6057 ot be liste	0207 (3)(b	))
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		Cumatura	) (1)	r authorized	representative o	f a member		10 K	73	-
		Signature	or a member o	n aumonizeu .	. Фр. Состини			(A) (1)		

Page 3 of 3

Filing Fee: \$25.00