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COVER LETTER

то:	Registration Se Division of Cor			
CUDII	Solaridy LL	.C		
SUBJI	ьст:	Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Douglas Fyvolent		
			Name of Person	
		Solaridy LLC		
			Firm/Company	
		PO Box 48956		
		· · · · · · · · · · · · · · · · · · ·	Address	
		St Petersburg Florida 3374	3	
		•	City/State and Zip Code	
		dsfyvolent@gmail.com		
			to be used for future annual report no	tification)
For fur	rther information c	oncerning this matter, please co	all:	
Dougl	as Fyvolent		727 278-5091 at ()	
	Name o	f Person		me Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$ 2	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solaridy LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)		
ne Articles of Organization for this Limited I orida document number L 11000125224	iability Company	were filed on November 3 2011	and assigned	
is amendment is submitted to amend the fol	lowing:			
If amending name, enter the new name	of the limited liab	ility company here:		
e new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.IC."	
nter new principal offices address, if applicable:		Solaridy LLC		
		8055 Courtry Club Road North		
		St Petersburg Florida 33710		
ter new mailing address, if applicable:		Solaridy LLC		
ailing address MAY BE A POST OFFICE	E BOX)	PO Box 48956	7 (
		St. Petersburg, Florida 33743	-, -,	
If amending the registered agent and gistered agent and/or the new registered of	_	_	enter the name of the	
Name of New Registered Agent:	Douglas Fyvol	ent	<u> </u>	
New Registered Office Address:	8055 Country (Club Rd No		
		Enter Florida street address		
	St Petersburg	, Flori	da ³³⁷¹⁰	
		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.

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>	Address	Type of Action
AMBR	Richard Calvin Carroll		Add
-		4950 38th Ave no St Petersburg Fl.	Remove
			Change
			□ Add
			Remove
			□ Change
			□ Rēmove
			□ Change
·		····	□ Àdd
			Remove
			Change
			□ Add
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Effective date, (If an effective date	if other than the date of its listed, the date must be specif	filing:ic and cannot be prior t	o date of filing or more	(optional) than 90 days after filing.)	Pursuant to 605.02
Note: If the date	inserted in this block does tive date on the Department	not meet the applical	ble statutory filing re	equirements, this date v	will not be listed:
dicument 5 erres	and Separate	. 0. 0			
the record spe	cifies a delayed effecti	ive date, but not	an effective tim	e, at 12:01 a.m. o	on the earlier
) The 90th da	y after the record is fi	led.			
		2017	_		
Dated	er 28	2017			

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Typed or printed name of signee

Filing Fee: \$25.00