

L170000 56785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

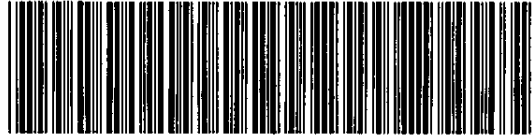
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800268408788

01/20/15--01013--017 **25.00

FILED
15 JAN 20 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 30 2015

CHISHOLM LAW FIRM, LLC

BUSINESS & NON-PROFIT | REAL ESTATE | LITIGATION

Audrey K. Chisholm, Esquire
Telephone: 407-674-2657
Audrey@ChisholmFirm.com

Post Office Box 2189
Orlando, Florida 32802-2189
www.ChisholmFirm.com

January 16, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Amendment

To Whom It May Concern:

Enclosed please find the original Articles of Amendment for the above-referenced non-profit corporation along with trust account check no. 202 made payable to the Florida Department of State in the amount of \$25 in order to defray your filing fee. If you should have any questions, please feel free to contact me at (407) 674-2657.

Sincerely,



Audrey K. Chisholm

cc: Client

Enclosures: Amended Articles of Organization
Trust Account Check

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOLEFEST, 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:

Audrey K. Chisholm, Esq.

Name of Person

Chisholm Law Firm, LLC

Firm/Company

P.O. Box 2189

Address

Orlando, FL 32802

City/State and Zip Code

perez@solefest.com

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

For further information concerning this matter, please call:

Audrey K. Chisholm, Esq.

407 674-2657
at (_____) _____

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

SOLEFEST, 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 04/18/2013 and assigned
Florida document number L13000056785.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2423 S. Orange Ave #193
Orlando, FL 32806

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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. 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Anthony Tumbarello, Jr.	1424 Serenity Circle	<input checked="" type="checkbox"/> Add
		Naples, FL 34110	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

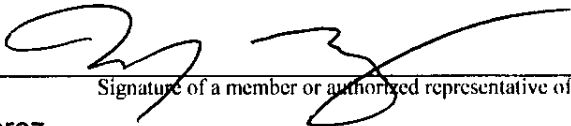
15 JAN 20 PM 1:30
 RECEIVED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 9, 2015.



Signature of a member or authorized representative of a member

Michael Perez

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 JAN 20 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA