

L130000127403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffigan OCT 24 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SOLIDUS, 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:

PAUL CEBECI

Name of Person

SOLIDUS, LLC

Firm/Company

106 ST. GEORGE STREET, UNIT F

Address

ST. AUGUSTINE, FL 32084

City/State and Zip Code

LLKFRED@AOL.COM

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

For further information concerning this matter, please call:

LINDA KLAGES

Name of Person

904 824-4683

at ()

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**

FILED
2013 OCT 22 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SOLIDUS, 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 SEPTEMBER 10, 2013 and assigned Florida document number L13000127403.

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)

106 SAINT GEORGE STREET, UNIT F

SAINT AUGUSTINE, FLORIDA

32084

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

106 SAINT GEORGE STREET, UNIT F

SAINT AUGUSTINE, FLORIDA

32084

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

_____, Florida _____

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 608, 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

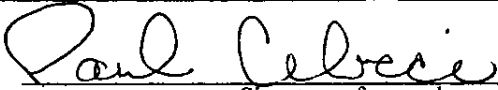
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PAUL CEBECI	1 KING STREET,UNIT 117	<input type="checkbox"/> Add
		SAINT AUGUSTINE FL	<input checked="" type="checkbox"/> Remove
		32084	
MGRM	PAUL CEBECI	106 ST. GEORGE ST	<input checked="" type="checkbox"/> Add
		UNIT F	<input type="checkbox"/> Remove
		ST. AUGUSTINE, FL 32084	
			<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

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

Dated OCTOBER 21, 2013



Signature of a member or authorized representative of a member

PAUL CEBECI

Typed or printed name of signee

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Filing Fee: \$25.00

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