

L14 00000 1553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

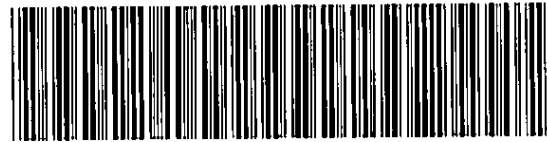
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/04/21--01009--012 \*\*25.00

2021 JUN 29 PM 2:44

012



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2021 JUN 29 PM 2:17

June 15, 2021

ANGELA PEREZ  
1221 MOTTMAN RD SW  
APT C204  
TUMWATER, WA 98512

SUBJECT: SOLID SOBRIETY, LLC  
Ref. Number: L14000001553

We have received your document for SOLID SOBRIETY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 921A00013244

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOLID SOBRIETY, 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:

Claudia Bhatt

Name of Person

Firm/Company

721 E. ATLANTIC BLVD.

Address

Pompano Beach, FL 33060

City/State and Zip Code

ACAMI@HR-P2P.COM

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

For further information concerning this matter, please call:

ANGELA PEREZ

305 793-8877  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

SOLID SOBRIETY 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 01/06/2014 and assigned  
Florida document number L14000001553.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Claudia Bhatt

New Registered Office Address:

721 E. ATLANTA BLVD.

Enter Florida street address

Pompano Beach

City

Florida

33060

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          | ASH BHATT MD PA | 721 EAST ATLANTIC BLVD   | <input type="checkbox"/> Add               |
|              |                 | POMPANO BEACH, FL. 33060 | <input checked="" type="checkbox"/> Remove |
|              |                 |                          | <input type="checkbox"/> Change            |
| MGR          | TREAT SAVVY LLC | 2632 SE 10 CT            | <input type="checkbox"/> Add               |
|              |                 | POMPANO BEACH, FL. 33362 | <input checked="" type="checkbox"/> Remove |
|              |                 |                          | <input type="checkbox"/> Change            |
| MGR          | SOBERGENIX LLC  | 143 SILVER BEACH RD      | <input checked="" type="checkbox"/> Add    |
|              |                 | LAKE PARK, FL. 33403     | <input type="checkbox"/> Remove            |
|              |                 |                          | <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            |
|              |                 |                          | <input type="checkbox"/> Add               |
|              |                 |                          | <input type="checkbox"/> Remove            |
|              |                 |                          | <input type="checkbox"/> Change            |

[illegible]

(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.

APRIL 29 2021



Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**