(F	Requestor's Name)	
()	Address)	
(/	Address)	
<del></del>	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
(1	bosiless Chiky Name)	
(1	Document Number)	
Certified Copies	. Certificates of	Status
Special Instructions to 1	Filing Officer;	
	1 4405	
J. HORNE		
MAY 1 7 2023		
,		

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2023 MAY 16 AM 11: 23

RECEIVED

FLORIDA CAPITAL COURIER SER	VICES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524–5437	
(850) 524–6243	
Please use funds from this a	ccount: I20210000160: \$25.00
Authorization Signature:	slaub:
SOL HARVESTING, LLC	L14000073853
BUSINESS NAME	DOCUMENT #
_ Copy of Articles of Organization	on
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp Not for Profit Limited Liability Domestication Other CORP LLLP	X_Amendment Resignation of R.A. Officer/DirectorChange of Registered AgentRevocation of DissolutionMergerArticles of ConversionAmended and restated ArticlesStatement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE	Other
Country	
EXAMINER'S INITIALS:	

FLORIDA CAPITAL COURIER S	SERVICES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524–5437	
(850) 524–6243	
Please use funds from this	s account: I20210000160: \$25.00
Authorization Signature:	Intall :
SOL HARVESTING, LL	C / L14000073853
BUSINESS NAME	DOCUMENT #
_ Copy of Articles of Organiz	ation
Certificate of Status	
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
Profit Corp  Not for Profit Limited Liability Domestication Other CORP LLLP	X_Amendment  Resignation of R.A. Officer/Direc Change of Registered Agent Revocation of Dissolution Merger Articles of Conversion Amended and restated Articles Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE	Other
Country	
EXAMINER'S INITIALS:	

## **COVER LETTER**

Div	ision of Corp	orations			
SUBJECT:		ESTING, LLC			
SUBJECT		Name of Lin	nited Liability Company		<del></del>
The enclosed	l Articles of Λ	mendment and fce(s) are sub	omitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Roberto C. Cendejas, Sr.			
			Name of Person		
		SOL Harvesting, LLC			
			Firm/Company	,	
		6850 State Road 544 E			
			Address		
		Haines City, Florida 33844	1		
			City/State and Zip Code		<del></del>
		recendejas72@gmail.com	to be used for future annual	report notification)	
For further in	formation cor	ncerning this matter, please c		report notification;	
		conting and matter, prease o		< 0272	
Roberto C. C			at ()	6-0372	
	Name of F	Person	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
<b>■ \$25.00</b> F	iling Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mail</u>	ling Address:		Street Ac	ddress:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section

TO:

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

## ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION ED

OF 2023 MAY 16 AH 11: 23

SECRETARY OF TALLAHASSEE, THE

(Name of the Limited I (A.)	iability Company as it now appears on o Iorida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabil Florida document number L14000073853		2014 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	IDDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered and/or the new registered office address h	stered office address on our record	ls, enter the name of the new registered
Name of New Registered Agent:	Prair	
New Registered Office Address:	Enter Florida st.	reet address
		, Florida Zip Code
_	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 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
AP	Maria Cendejas	6850 State Road 544 E	
		Haines City, Florida 33844	■Remove
		10.0	Change
MGR	Maria Cendejas, Trustee of the	6850 State Road 544 F.	<b>=</b> Add
	Maria Condéjas Living Trus Agrésment dated May 15, 2023	Haines City, Florida 33844	□Remove
			Change
AMBR	Maria Cendejas, Trustee of the	6850 State Road 544 E	≅Add
	Maria Cendejas Living Trust Aframent Chatca May 15/2023	Haines City, Florida 33844	□ Remove
	1		☐ Change
AP	Roberto C. Cendejas, Sr.	6850 State Road 544 E	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Haines City, Florida 33844	⊒Remove
			□Change
MGR	Roberto C. Cendejas, Trustee of	6850 State Road 544 E	≣Add
	the Roberto C. Cendejas Living Trust Agreement dated May 15, 2023	Haines City, Florida 33844	≅Remove
	1 '		□Change
AMBR	Roberto C. Cendejas, Trustee of	6850 State Road 544 E	
	The Roberto C. Cendejes Living Trust Aprenment chated May 15, 2013	Haines City, Florida 33844	[]Remove
	indicor in y		□Change

. If amending any other information, enter change(s) here: (Att	
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date  Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) atutory filing requirements, this date will not be listed as the
ne record specifies a delayed effective date, but not an effective time, at ord is filed.	12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
Jan	
Signature of a member or authorized r	presentative of a member
Roberto C. Cendejas,	Sr.