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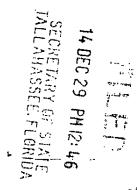
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLO RENOVATIONS 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:

JASMINE RODRIGUEZ

Name of Person

BEST QUICK TAX RETURNS

Firm/Company

320 S BUMBY AVE STE 10

Address

ORLANDO FL 32803

City/State and Zip Code

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

For further information concerning this matter, please call:

JASMINE RODRIGUEZ

_407\896-792⁻

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

SOLO RENOVATIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)

74 Florida Limited Liability Company)

	(A Fiorida Ellinica Elability Company)		
The Articles of Organization for this Limited L	iability Company were filed on 11/18/2014	an	d assigned
Florida document number L14000178524	*		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company here:		
The new name must be distinguishable and end with the	words "Limited Liability Company," the designation "LLC" or t	he abbreviati	ion "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	CT ADDRESS)		<u>.</u>
			····-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on our records, <u>ent</u> ffice address here:	ter the na	me of the new
and the new population of		ALI	7
Name of New Registered Agent:	FATIMA C. BARAKAT MERHI	_ARR	⊇
			J 1+mm
New Registered Office Address:	Enter Florida street address	- (-) (-) (-) (-) (-) (-) (-) (-	O groot
	, Florida	Zip E	Sode
New Registered Agent's Signature, if changing	·)
		د م	t del de
	ed agent and agree to act in this capacity. I further er and complete performance of my duties, and I a		
accept the obligations of my position as regi	istered agent as provided for in Chapter 605, F.S. (registered office had ess, I hereby confirm that the	Or, if this	document is
being filed to merely reflect a change in the company has been notified in writing of this	registered office fladfess, I hereby confirm that the	limited li	ability
company has been notified in writing of this	X (luit)		
	If Changing Registered Agent, Signature of New	Registered	Agent

Page 1 of 3

If aniending 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 **Title** Name **Address Type of Action** 10465 STAPELEY DR MGR **CLARA BARAKAT MERHI** □ Add ORLANDO FL 32832 ■ Remove 10465 STAPELEY DR **MGR** FATIMA C. BARAKAT MERHI **■** Add ORLANDO FL 32832 ☐ Remove 10465 STAPELEY DR MGR SALEH BARAKAT MERHI ■ Add ORLANDO FL 32832 ☐ Remove □ Add □ Remove □ Add ☐ Remove

ramending any other information, enter change(s) here: (Allach add	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	
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Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)	(optional) not be more than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or filed date and can	(optional) not be more than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State) Dated DECEMBER 23 . 2014	not be more than 90 days after
the date this document is filed by the Florida Department of State) DECEMBER 23 2014	not be more than 90 days after

Page 3 of 3

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