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COVER LETTER

TO:	Registration Se Division of Cor					
CHIDII		PARTNERS, LLC				
SUBJI		Name of Lim	ited Liability Company	,		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Mary Francis Roebuck				
	Name of Person					
	SOLVITY PARTNERS, LLC					
	Firm/Company					
	1103 W Swann Ave					
	Address					
		Tampa, FL 33606				
			City/State and Zip Code			
		mfroebuck@roebucktech.co				
		E-mail address: (to be used for future annual report no	tification)		
For fur	ther information co	oncerning this matter, please ca	ali:		-1s =	
Mary l	Francis Roebuck		813 534-5099 at ()		三三三	η
Englos	Name of			ne Telephone Number	ECRE CART OF STATE & ing Feed of States	ILED
		e following amount:			957 69	
\$2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	or blacks oc	

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

SOLVITY PARTNERS, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on June 16, 2015	and assigned
Florida document number L15000104488	·	
Γhis amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
Roebuck Technologies, LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u> </u>	
		<u> </u>
	registered office address on our records, ente	
registered agent and/or the new registered office	ce address here:	TILE!
		28 LE
Name of New Registered Agent:		199
New Registered Office Address:		is in the second
	Enter Florida street address	1 P
	, Florida _	77
	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 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 = 1	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			Add
			□ Remove
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		 	Add
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<u> </u>						
ffective date, if other than the an effective date is listed, the date motors. If the date inserted in this blocument's effective date on the light date.	block does not meet the	he applicable stat	filing or more than 9 utory filing require	(optional) 0 days after filing ments, this date	g.) Pursuant (to 605.0207 e listed as
e record specifies a delaye The 90th day after the re		but not an ef	fective time, at	: 12:01 a.m.	C	
						善 卫
March I	, 20	17				LE 28
Dated March I Mary Ju	ai. P. C	b.ek_	presentative of a mem	ber	SSE A	LED 28 PH IP Ou

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Filing Fee: \$25.00