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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Ne	Solinas Lay Name of Lim	Fun LLC.	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Deero To The Solve	Name of Person  Firm/Company	San W
	625 8.	Twiggi St.	Je/09
	Solina la E-mail address: (1	City/State and Zip Code  U	eincarion)
For further information of	oncerning this matter, please ca		
Dagna R.S.	olinan Brayn Person	at ( <u>J13</u> 7 d Area Code Dayti	me Telephone Number
Enclosed is a check for th	e following amount:		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Solman Law	I From LIC
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>4/7000</u> <u>7</u> 19	were filed on $3/30/17$ and assigned 78
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	625 E. Twiggs St. Ste 109 Tamps, FL 33602
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	625 E. Twiggs St. 5410 Tarpa, FL 33602
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:  (0.25)	E. Twiss St. Ste 109 Enter Florida street address
_ Tanz	City Florida 33602 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

2

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
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing  e: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	or more than 90 days a filing requirements.	otional) fter filing.) P this date wi	ursuant to Il not be	o 605.02 e listed
section of the population of the great day				
cord specifies a delayed effective date, but not an effective time, at 12:01 a filed.	.m. on the carlier of	(b) The 9	0th day	after th
ed Syknow 7. 2024				

Filing Fee: \$25.00