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(Re	equestor's Name)	
(Ac	ldress)	·
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, (Ci	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Sol	Way Construction Name of Limit	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Name of Person Name of Person Name of Person Name of Person	· ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
	900 O	cean Aue Sui	te 20)
	Melbourne	City/State and Zip Code O) Solway Construction to be used for future annual report notice	195 . com
For further information co	n-mail address: (1 neerning this matter, please ca		lication)
0 ()	Person	at (331) 292	- 49 5] e 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)	

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

y Company as it now appears on our records.) Limited Liability Company)	
ompany were filed on January 17, 2018	and assigned
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ted liability company here:	
ted Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
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ESS)	
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ered office address on our records, <u>ente</u> ess here:	er the name of the
Enter Florida street address	·····
	Zip Code
	ed liability company here: ed Liability Company," the designation "LLC" or the ESS) ered office address on our records, enteress here:

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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			□ Change
			Add
			☐ Remove
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ective date, if other than the date in effective date is listed, the date must be space. If the date inserted in this block document's effective date on the Department.	oes not meet the applicable sta	(option of filing or more than 90 days after atutory filing requirements, the	onal) r filing.) Pursuant to 605.0 is date will not be listed	020 d a:
record specifies a delayed effe he 90th day after the record in		effective time, at 12:01	a.m. on the earlie	ro
ed May 17th	. 2018 .			

Page 3 of 3

Filing Fee: \$25.00