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07/29/20--01008--002 **25.00

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COVER LETTER

Registration Section Division of Corporations

TO:

	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LAURENCE SOLER			
		Name of Person		
	SOLER HOLDINGS GRO	OUP L.L.C		
		Firm/Company		
	22610 SW 128TH PLACE			
		Address		
	MIAMI, FL 33170			
		City/State and Zip Code		
	LAURENCEMIAMI12.LE	S@GMAIL.COM		
	E-mail address: (to be used for future annual report not	ification) •	
For further information c	oncerning this matter, please c	all:		
LAURENCE SOLER		917 806-0717 at ()		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration 9		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 632		The Centre of		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CATERING BY KGG LLC			
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited I		ny were filed on <u>01/26/2018</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
SOLER HOLDINGS GROUP LLC			
The new name must be distinguishable and contain the	words "Limited Lis	ibility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE			
			<u></u> .
Control of the state of the sta		N/A	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addr		e address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Florio	ia .
		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, <u>enter the title, name, and address of each person_being adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A ———			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
	·		
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
	·		□Remove
			□Change
			□Add
			□Remove
		<u></u>	

N/A 		
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Note: If the date inserted in this	must be specific and cannot be prior to date of fili	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 (3) ry filing requirements, this date will not be listed as the
the record specifies a delayed effect cord is filed.	ctive date, but not an effective time, at 12:0	La.m. on the earlier of: (b) The 90th day after the
Dated HJLY 21	2020	
Dated	<u> </u>	
/ .	Soler	
	Signature of a member or authorized representation	entative of a member

Typed or printed name of signee