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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJI	ECT:	Sol A	ctivation, LL ed Liability Company	LC
		Name of Limit	ed Liability Company	
The en	closed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please	return all correspon	dence concerning this matter to	o the following:	
		Sus	San Hayes	
		Sa/	Activation, Firm/Company	LLC_
		110 Washir	ngton Ave, Un Address Mign	it 3318 ii Beach, FC
			City/State and Zip Code	<u> </u>
		SolAct E-mail address: (to	tivation Damail. o be used for future annual report notif	. COM
For fu	rther information co	oncerning this matter, please ca	11:	
	Susan Name of	Hayes Person	at (508) 527- Area Code Daytime	C 655 Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	25.00 Filing Fee	CD \$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 S		Street Address: Registration Sec	etion _

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sol Activa	ation, LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Dability Company)
The Articles of Organization for this Limited Liability Company Florida document number 4180003406	were filed on $\frac{4/4/2021}{5}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Active Abundance, LLC The new name must be distinguishable and contain the words "Limited Liabil	lity Company "the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u></u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	7 7 9
New Registered Office Address:	Enter Florida street address
	, Florida
	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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
<u></u>			□Add
			□Remove
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			□Remove
			□Change

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If an eff Note:	ve date, if other than the date of filing:
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	5/20 . 2021 John M. Flagger Signature of a member/or authorized representative of a member
	Signature of a member authorized representative of a member
	Susan Haves Typed or printed name of signee

EU: D 635.00