L18000038186

(Requestor's Name)
(Address)
(Address)
(**************************************
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PICK-UP WAIT MAIL
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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COVER LETTER

	vision of Corp					
SUBJECT:	Solaris Ente	rprises LLC				
Name of Limited Liability Company						
The enclose	ed Articles of A	Amendment and fee(s) are sub	nitted for filing.			
Please retur	n all correspon	ndence concerning this matter t	to the following:			
		Ivonea C Moura				
			Name of Person	And the control of th		
		Solaris Enterprises LLC				
			Firm/Company			
		2127 Brickell Ave Ste 212	7			
			Address			
		Miami, FL 33129				
			City/State and Zip Code			
		ivamoura2010@gmail.com	to be used for future annual report notifi	cation		
For further	information co	oncerning this matter, please ca				
Ivonea C N			562 275-5595 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	□ \$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 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

Solaris Enterprises LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records,)
The Articles of Organization for this Limited Liability Compan	y were filed on 02/12/201	and assigned
Florida document number L18000038186		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	on "LLC" or the abbreviation "L,L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		AR 30
Enter new mailing address, if applicable:	***************************************	30
(Mailing address MAY BE A POST OFFICE BOX)	***	2
		Ņ
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et 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>	Address	Type of Action
AMBR	Bianca B. de Moura	26 NE 109 St. Miami Shores, FL 33	■ Add
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Effective Date 02/12/2018		
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n effective date is listed, the date mu	lock does not meet the applicable statut	(optional) iling or more than 90 days after filing.) Pursuant to 605.0207 fory filing requirements, this date will not be listed as
record specifies a delaye The 90th day after the re	d effective date, but not an effe ord is filed.	ective time, at 12:01 a.m. on the earlier of
ted March 20	, 2018	
Z/c	eure	
	Signature of a member or authorized repro	esentative of a member

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Filing Fee: \$25.00