## (18000102701

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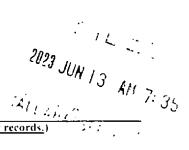


## **COVER LETTER**

	egistration Se ivision of Cor			
CHDIECT		NSTRUCTION LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		SIRAMAD TRUJILLO		
			Name of Person	
		SOLU CONSTRUCTION	LLC	
		_	Firm/Company	
		2423 SW 147 AVE STE I	79	
		<del></del>	Address	
		MIAMI , FL 33185		
			City/State and Zip Code	
		INFO@SAINZHOMES.CO		
		E-mail address: (	to be used for future annual report not	tification)
For further	information c	oncerning this matter, please c	all:	
SIRAMAE	TRUJILLO		786 6591479	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>☑</b> \$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)
R	ailing Addres	Section	Street Address: Registration Se	
	ivision of C .O. Box 632	Corporations	Division of Co The Centre of	•
	allahassee, l			pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SOLU CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on $\frac{047}{2}$	<u> </u>	and assigned
Florida document number L18000102701			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>·e</u> :	
SOLU HOLDINGS LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" or the	abbreviation "L.L.C."
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)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our re	cords, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	da street address	
		Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of r provided for in C	ny duties, and I am hapter 605, F.S. Or	familiar with and ;; if this document is
	ging Registered Age	nt, Signature of New R	egistered 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
		-	DAdd
			□Remove
			□Change
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		<u></u>	□Add
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ective date, if other that the effective date is listed, the date: If the date inserted in cument's effective date or	ate must be specific an this block does not	d cannot be prior to meet the applicab	date of filing or more le statutory filing ru	(optional) than 90 days after filing. equirements, this date	) Pursuant to 605.020 will not be listed a
cord specifies a delayed e s filed.	ffective date, but no	t an effective tim	e, at 12:01 a.m. on 1	the cartier of: (b) Th	e 90th day after the
ed	<del></del>	. 2023	. •		

Filing Fee: \$25.00