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(Re	questor's Name)	
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J. LEGGETT MAY 31 2018



COVER LETTER

TQ:	Registration Sec Division of Cor			
SUBJE	Sol Vita, LI	LC		
SOBJE		Name of Lim	nited Liability Company	
The en	closed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Catherine Blackburn		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Blackburn law firm		
			Firm/Company	
		5230 Central Ave		
			Address	
		St. Petersburg, FL 33707		
			City/State and Zip Code	
		cathy@lifeplanlaw.com		
		E-mail address: (to be used for future annual report noti	Code Innual report notification) 826-0923 Daytime Telephone Number Fee & S60.00 Filing Fee, Certificate of Status
For fur	ther information co	oncerning this matter, please co	all:	
Cather	ine Blackburn		727 826-0923	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting 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

Sol Vita, LLC				
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)			
The Articles of Organization for this Limited Liability Conforda document number	d Liability Company were filed on 05/21/2018		and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
Solvita, LLC				
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	ne abbrevi	ation L.L	C."
Enter new principal offices address, if applicable:		<u>:</u> .	II.	
Principal office address MUST BE A STREET ADDRES	SS)	<i>5</i> /2	<u>ر:</u> در:	
		<u> </u>	752	•
		7.1.	W	• •
Enter new mailing address, if applicable:		<u> </u>		
Mailing address MAY BE A POST OFFICE BOX)) 3 m		
3. If amending the registered agent and/or register egistered agent and/or the new registered office addres		ter the	name (of the
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	2			
	Enter Florida street address			
	Florida	·		<u>. </u>
	City	Z.	ip 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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an effective date is listed, the date lote: If the date inserted in thi	must be specific and	cannot be prior t	o date of filing or	more than 90 day:	s after tiling.) Pursua	
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Filing Fee: \$25.00