418000191194

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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07/15/21--01014--001 **475.00



COVER LETTER

	Registration Sec Division of Cor			
STID IEC	SOLID NO			
SUBJEC	Т:	Name of Limi	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Rafael Bona		
			Name of Person	
		SOLID NORTH LLLC		
			Firm/Company	
		1694 Bayhill Dr.		
			Address	
		Oldsmar, FL 34677		
			City/State and Zip Code	
		bebotbona@gmail.com	to be used for future annual report notifi	estiant
For furthe	er information co	oncerning this matter, please or		Canony
		oncerning that thatter, preade ex		
Rafael Bo			727 439-2677 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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 Addres Registration S		<u>Street Address:</u> Registration Sec	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

records,)
and assigned
n "LLC" or the abbreviation "L.L.C."
· · · · · · · · · · · · · · · · · · ·
Caller and
enter the name of the new regist
٠.
7. Co
address
. Florida

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.

City

Zip Code

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
MGR	BONA, ZEFF	1694 BAYHILL DR	
		OLDSMAR, FL 34677	■Remove
MGR	BONA, ZOE	1694 BAYHILL DR	□Add
		OLDSMAR, FL 34677	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		•	□ Remove
			□Change
			□Add
			🗆 Remove
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ffective date, if other than an effective date is listed, the date lote: If the date inserted in thi ocument's effective date on th	is block does no	t meet the applic	able statutory filin	ore than 90 days after t g requirements, this	nal) iling.) Pursuant to 605.020' date will not be listed as
record specifies a delayed effe Lis filed.	ective date, but r	not an effective ti	me, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
July 7th		2021	<u> </u>		

13111 IS 05 F 01

Typed or printed name of signee