118000219786

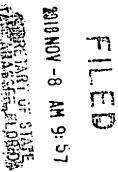
| (Re | equestor's Name) | | |
|---|--------------------|-------------|--|
| (Ac | ldress) | | |
| | | | |
| (Ac | ddress) | | |
| (Ci | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | usiness Entity Nar | ne) | |
| | | | |
| (Document Number) | | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



800320497388

11/08/18--0100S--008 **25.00



Y SULKER NOV 2 6 2018

COVER LETTER

| TO: Registration Section Division of Corporation | | | | | |
|--|---|---|---|-------------------|--------|
| SUBJECT: | 301 Homeop Name of Limi | athics LLC ted Liability Company | | | |
| The enclosed Articles of An | nendment and fee(s) are subr | nitted for filing. | | | |
| Please return all corresponde | ence concerning this matter t | to the following: | | | |
| | Mo | Name of Person | | | |
| | Sol F | tome obathics L | LC | | |
| | 11111 | Siscagne Blue Address | 1910 | | |
| | Miam | City/State and Zip Code | | | |
| | J 1 1 | no a aol com o be used for future annual report notific | ation) | - AON 81 | |
| For further information cond | cerning this matter, please ca | • | 80.7 27.3 | -8 AM 87 ns: a | |
| Name of Pe | Sichano | at (317) 250 - Area Code Daytime T | 589 B | 9: 57 | \Box |
| Enclosed is a check for the f | following amount: | | | | |
| \$25,00 Filing Fee | □ \$30.00 Fiting Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e | atus & | |

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 Home | omthics LLC | |
|--|---|---------------------------------------|
| (<u>Name of the Limited Liability Con</u> (A Florida Limit | mpady as it now appears on our records.) ted Liability Company) | |
| The Articles of Organization for this Limited Liability Compa | any were filed on | and assigned |
| Florida document number <u>L 1800001918</u> 6 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | iability company here: | |
| Orsia Homeonatu | ral LLC | |
| The new name must be distinguishable and contain the words "Limited Li | iability Company," the designation "LLC" or the | · · · · · · · · · · · · · · · · · · · |
| Enter new principal offices address, if applicable: | N/A | |
| (Principal office address MUST BE A STREET ADDRESS) | <u> </u> | |
| | | # 0 = T |
| Enter new mailing address, if applicable: | N/A | 1 9: D |
| (Mailing address MAY BE A POST OFFICE BOX) | | 6 5 J |
| | | |
| B. If amending the registered agent and/or registered | | er the name of the new |
| registered agent and/or the new registered office address h | <u>here</u> : | |
| Name of New Registered Agent: | NA | · |
| 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> | Address | Type of Action |
|--------------|-------------|---------|---|
| | / <u>A</u> | | □ Add |
| | | | □ Remove |
| | | | |
| | | | Add |
| | | | ☐ Remove |
| | | | Thange W |
| | | | OV ON |
| | | | Remove C |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| <u></u> | | | □ Add |
| | | | □ Remove |
| | | | |
| | | ····· | |
| | | | 🗀 Remove |
| | | | □ Change |