L19000721006

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
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PICK-UP	☐ WAIT	MAIL
(D.		
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2020

ANTHONY MORALES MYUSACORPORATION.COM 1 RADISSON PLAZA, SUITE 800 NEW ROCHELLE, NY 10801

SUBJECT: SOLO CARE L.L.C Ref. Number: L18000221006

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

In order to amend, the entity must be active on our records.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

JEARLD H QUICK OPS

Letter Number: 420A00021872

COVER LETTER

	COVER LETTER	
TO: Registration Section Division of Corporations		
SUBJECT: SOLO CARE L.L.C		
OCEORGI.	nited Liability Company	-
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Anthony Morales		
	Name of Person	
MyUSACorporation	.com	
	Firm/Company	_
1 Radisson Plaza,		_
	Address	
New Rochelle, New		
info@myusacorpora	City/State and Zip Code tion.com	
E-mail address: ((to be used for future annual report notification)	
For further information concerning this matter, please c	rall:	
Anthony Morales	_{at (} 877) 330-2677	
Name of Person	Area Code Daytime Telephone Number	er
Enclosed is a check for the following amount:		
☐ \$25.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &
Mailing Address:	Street Address:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLO CARE L.L.C			
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appear: liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	09/17/2018	and assigned
Florida document number <u>L18000221006</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	signation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			<i>(</i> }
		<u> </u>	7070
			NOV T
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			TI III
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		ĝä	<u>=</u>
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ddress on our re	cords, <u>enter the nar</u>	ne of the new registe
agent unable the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:			_
	Enter Flori	da street address	
		, Florida	
	Circ		Zin Codu

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EUGENE O ABASOLO	906 PARADISE ISLAND DRIVE,	🗖 Add
		DEFUNIAK SPRINGS, FL, 32433	□Remove
			Change
AMBR	APRIL M ABASOLO	906 PARADISE ISLAND DRIVE,	⊒ Add
	DEFUNIAK SPRINGS, FL, 32433	□Remove	
			□Change
			□Add
			□Remove
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?ffactio	us data if other than the data of filling:
Note: I	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to on the Department of State's records.
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	No ambandah
Dated _	November 11th 2020
Dated _	Europene alremonto
)ated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00