

L18000235636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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AND
FILED

2018 DEC 27 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
11/7/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLARA Medical Solution, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WALID ABDELMOTELEB
Name of Person

SOLARA medical solutions, LLC
Firm/Company

422 Chalkie dr,
Address

Spring Hill, FL 34604
City/State and Zip Code

Wosmun Zero @ Gmail -com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WALID ABDELMOTELEB at (810) 394 5416
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SOLARA Medical Solutions, 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 10-04-18 and assigned Florida document number L18000235636

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

WALID ABDELMOTELEB

New Registered Office Address:

422 Chalkin dr
Enter Florida street address

Spring Hill
City

Florida

34609
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.

WALID A

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>	<u>Address</u>	<u>Type of Action</u>
MGR	WALID ABDELMOTELEB	422 Chalkin dr	<input type="checkbox"/> Add
		Spring Hill, FL 34609	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

 **Department of the Treasury**
Internal Revenue Service
Ogden, UT 84201

In reply refer to: 0244586254
Oct 17, 2018 LTR 147C
83-2146668

→ **SOLARA MEDICAL SOLUTIONS LLC**
→ **WALID ABDELMOTELEB SOLE MBR**
422 CHALLICE DR
SPRING HILL FL 34609-2098 225

→ Taxpayer Identification Number: 83-2146668

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of October 17th, 2018.

Your **Employer Identification Number (EIN)** is 83-2146668. Please keep this letter in your **permanent records**. Enter your name and your EIN on all business federal tax forms and on **related correspondence**.

If you have **any** questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the **address** shown at the top of the first page of this letter. When you write, please include a **telephone number** where you may be reached and the best time to call.

Sincerely,

Ms. Sweeney
1003263637
Customer Service Representative