12/17/2020

Division of Corporations

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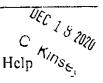
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOLID ALLY, LLC

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Page Count	06
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Corporate Filing Menu



COVER LETTER

	egistration Sec ivision of Corp	
CHD IECT	SOLID ALL	Y, LLC
SUBJECT	÷	Name of Limited Liability Company
		Amendment and fee(s) are submitted for filing.
		Cheyenne Moseley
		Name of Person
		Legalzoom.com, Inc.
		Firm/Company
		101 N Brand Blyd 11th Fl
		Address
		Glendale, CA 91203
		City/State and Zip Code
		dstern@solidallylle.com
		E-mail address: (to be used for future annual report notification)
For furthe	r information co	oncerning this matter, please call:
Cheyenne	Moseley	800 773-0888
	Name of	TPerson Area Code Daytine Telephone Number
Enclosed	is a check for th	ne following amount:
	0 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status 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/COURLER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallohassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SOLID ALLY, LLC				
(Nume of the Limited Liability Compar (A Florida Limited L.	iy as it now appeurs on our records.) ability Company)			
The Articles of Organization for this Limited Liability Company of Florida document number <u>L19000018101</u>	were filed on 01/16/2019 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new nam	ity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	` 25			
(Principal office address MUST BE A STREET ADDRESS)	20 DEC			
Enter new mailing address, if applicable:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new			
Name of New Registered Agent:				
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and performance of my duties, and I am familiar with and performance of the pe			

If amending Authorized Person(s) authorized to manage,	enter the	title, n	iame, and	address (of each	person	being a	<u>dded</u>
or removed from our records:								

itle	Name	Address	Type of Actio
AMBR	Stump, John Russell	148 Las Ondus	
		Santa Barbara, CA 93109	■ Remove
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			Add
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Fo: Page 6 of 6	2020-12-17 08:32:46 PST	LegalZoom.com, Inc.	From: Laura Rodrigue
D. If amending any other information, en	ter change(s) here: (Attach additional sh	eets, if necessary.)	
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	and the state of t		 ,
E. Effective date, if other than the date of (If an effective date is listed, the date must be spec Note: If the date inserted in this block doe document's effective date on the Departme	s not meet the applicable statutory filing requi	(optional) 190 days after filing.) Pursuant rements, this date will not	to 605.0207 (3)(b) be listed as the
If the record specifies a delayed effec (b) The 90th day after the record is	tive date, but not an effective time, filed.	at 12:01 a.m. on the	earlier of;
Dated DECEMBER 1 Signature	re of a member of authorized representative of a me	ember	_
DAVID STERN			
	Typed or printed name of signee		

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Filing Fee: \$25.00