Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000285255 3)))



H200002852553ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)5\$2-5973 Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOLEX PREMIUM FINANCING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

AUG 1 9 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLEX PREMIUM FINANCING, LLC.	I.	;
	pany at it now appears on our records.) d Liability Company)	21:11:6
The Articles of Organization for this Limited Liability Compan Florida document number L20000029097	ly were filed on JANUARY 23, 2020 and assigne	ું વ
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liai	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	6175 NW 153 ST., SUITE 200	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI LAKES, FL 33014	
Enter new mailing address, if applicable:	6175 NW 153 ST., SUFFE 200	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI LAKES, FL 33014	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new reg	ster
	, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Time of And
AMBR	HELEONEL GONZALEZ	8732 NW 147 LN MIAMI LAKES, FL 33018-7372	Type of Action
			□Remove
			_ OChange
			□Add
			_ CRemove
			_ UChange
			_ 🗀 AdJ
			_ 🗆 Rémove
			_ 🗆 Change
			_ 🖸 Add
			_ DRemove
			□ Change
			□Add
			☐ Remove
			Change
			. □Add
			Remove
			□ Change

<u></u>	

¥	
antius data if .	About the state of the same
ective date, if (effective date is li	other than the date of filing: sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
	serted in this block does not meet the applicable statutory filing requirements, this date will not be listed to date on the Department of State's records.
Addresse is creater	e date on the Department of State's records,
1	
coro specimes a c s filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ed AUGUST 1	2020/
	

Filing Fee: \$25.00

Typed or printed name of signce