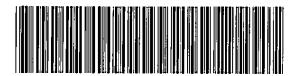
211100143139

(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



400369958724



JUL 27 2021 I ALBRITTON



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/26/2021			⇔WALK D
S.O.L. [NEVIATIONS II C		WALK
ENTITY NAME S.O.L.	DEVIATIONS ELC		
DOCUMENT NUMBER_			
	PLEASE FILE THE	ATTACHED AND RETURN	
XXXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts & Certificate of Good Stand		
	APOSTILLE' / NO	TARIAL CERTIFICATION	
COUNTRY OF DESTINATI	ON		
NUMBER OF CERTIFICAT	ES REQUESTED		
TOTAL OWED \$25.00		ACCOUNT #: I20160000072	
		-5 8 FM	
Places call Time at the	s shows wwwhom kom on	ry issues or concerns. Thank you so	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S.O.L. DEVIATIONS 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 $\frac{05/26/2020}{}$ and assigned Florida document number __L20000143139 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) 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: New Registered Office Address: Enter Florida street address _, Florida ___

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.

City

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
MGRM	Mauree Manjarro Thomas	1674 Ponderosa Pines Dr	
		Jacksonville , FL 32225	□Remove
MGRM	Cosili, Ell Disali	<u> </u>	■ Change
MORW	Emily Jill Bjork	4205 Pinewood Ave	□Add
		Jacksonville , FL 32207	□Remove
			\BChange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

		· · · · · · · · · · · · · · · · · · ·						_ ·
`								
		_						
								
								_
						-		
-								
<u>-</u>								
						·		
-								

ffective d	ate if other	r than the date	of filing:			1.	andinant)	
sote: If the	date inserte	r than the date the date must be speed in this block do te on the Departm	es not meet tl	he applicable	ate of filing or n statutory filin	nore than 90 days g requirements	after filing.) Purs , this date will i	uant to 605.0207 (not be listed as t
record spec I is filed.	ifies a delay	yed effective date,	but not an ef	fective time,	at 12:01 a.m.	on the earlier o	f: (b) The 90t	h day after the
July 2	?6	<u>.</u>	207	21				
		ill Diork						
<u>/</u>	's/ Emily	אוטנס ווונ						
_/	's/ Emily	Signat	ure of a membe	er or authorize	d representative	of a member		····

Filing Fee: \$25.00