120000159801

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2/4/21

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	Solia Partner	rs LLC		
SUBJECT:		Name of Lim	ited Liability Company	
		mendment and fee(s) are sub		
Please return	all correspon	dence concerning this matter	to the following:	
		Julia MacGregor-Peralta		
			Name of Person	
			Firm/Company	
		18118 Sugar Brooke Drive		
			Address	
		Tampa. FL 33647		. <u></u>
			City/State and Zip Code	
		Julia.MacG@outlook.com	to be used for future annual report notif	ication)
For further in	formation co	ncerning this matter, please ca		
Julia MacGre	gor-Peralta		407 718-8148 at ()	
	Name of	Person	Area Code Daytimo	· Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 Fi	iling Fec	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mail</u>	ling Address	<u>:</u>	Street Address:	tion
	istration Solision of Co	ection orporations	Registration Sec Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solia Partners LLC		
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	<u>irax.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000159801</u> .	were filed on 6/10/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L	I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
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Enter new mailing address, if applicable:		28
Mailing address MAY BE A POST OFFICE BOX)		. P
muning united man BE AT 1991 OF THEE BOTH		
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	lress
		#75 · 1
-	City.	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.

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>	Address	Type of Action
AMBR	Rafael A Peralta	18118 Sugar Brooke Drive	
		Tampa, FL 33647	■Remove
			☐ Change
AMBR	Julia MacGregor-Peralta	18118 Sugar Brooke Drive	■Add
		Tampa, FL 33647	□Remove
			Change
			DEC Tophange
			☐Change
			□Add
			Remove
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Note: If the	date, if other than the date is listed, the date in this 's effective date on the	block does not	meet the applic	able statutory fi	more than 90 days	optional) after filing.) Purst i, this date will n	iant to 605.0207 of be listed as
	pecifies a delayed effec	tive date, but no	t an effective ti	ime, at 12:01 a.n	n. on the earlier c	of: (b) The 90th	day after the
ord is filed.			2020				
Dec	cember 18						
Dec	Cember 18	1		<u>.</u> .			
ord is filed. Dated	cember 18	Signature of a		orized representat	ive of a member		

Filing Fee: \$25.00