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COVER LETTER

TO:

TO: Registration S Division of Co				
SUBJECT:	SOLEBYDE	EE		
SOBJECT.	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	DONALT	Name of Person	-	
	Sou	BYDEE Firm/Company		
		Firm/Company		
	2771 N	w 154 terr Address		
	OPA-	COLKH, FL, 3305° City/State and Zip Code	<u> </u>	
	Dwicciam	5JRJ6 A CIMAIL. C	ion	
For further information of	E-mail address: (concerning this matter, please c		ification)	
			C172	
Name o	of Person	at (<u>954</u>) <u>662 · .</u> Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	\$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)	
Mailing Addre		Street Address:		
Registration Division of C		Registration Section Division of Corporations		
P.O. Box 632		The Centre of	•	
Tallahassee,	FL 32314		oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLEBYDEE LLL				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records. Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>LZOOOZC34O8</u>	were filed on 8-22-20	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:			
SOLESBYDEE LLC The new name must be distinguishable and contain the words "Limited Liabi		2		
The new name must be distinguishable and contain the words "Limited Liabi	tity Company," the designation "LLC"	· —		
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>		
		p III		
Enter new mailing address, if applicable:		ω		
(Mailing address MAY BE A POST OFFICE BOX)	··········			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	ne name of the new registered		
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:	1			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	r performance of my duties, and provided for in Chapter 605, F.	Ham familiar with and S. Or, if this document is		

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

Title	<u>Name</u>	Address]	Type of Action
MGR	DONALD WILLIAMS JR	2771 NW 154 terr		_ ZAdd
				_ 🗆 Remove
				_ 🗆 Change
				_ 🗆 Add
				_ 🗆 Remove
				_ □Change
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ffective date, if other than the dat an effective date is listed, the date must be: Note: If the date inserted in this block locument's effective date on the Depart	does not meet the a	pplicable statutor	ig or more than 90 day y filing requiremen	(optional) is after filing.) Pursuan its, this date will not	t to 605.0207 (be fisted as t
record specifies a delayed effective da Lis filed.	te, but not an effect	ive time, at 12:01	a.m. on the earlier	of: (b) The 90th d	ay after the
Dated 11.6.20	·	<u> </u>			
rated 11					

Typed or printed name of signee