L20000352804

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COVER LETTER

TO: Registration So Division of Cor				
Hearman	Contracting LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Lorenzo Hearman			
		Name of Person		
	Hearman Contracting LL	_C		
		Firm/Company		
	1843 W.44th St			
		Address		
	Jacksonville Florida 322	09		
		City/State and Zip Code		
	jadacaldwell31@icloud.co			
		to be used for future annual re	port notification)	
For further information of	concerning this matter, please c	all:		
Lorenzo Hearman		904 534- at ()	3246	
Name o	of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
■ S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &	
Mailing Addres Registration		<u>Street Ad</u> Rogistra	dress: Lion Section	
Division of Corporations		Division	Division of Corporations	
P.O. Box 632			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hearman Contracting LLC		
(Name of the Limited Liat (A Flor	bility Company as it now appears on our r rida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number L20000352804	y Company were filed on 11/06/2020	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
Solar Symbiotic Herbs And Minerals LLC		
The new name must be distinguishable and contain the words "L	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 ADd	DRESS)	<u> </u>
Enter new mailing address, if applicable:		5
(Mailing address MAY BE A POST OFFICE BOX)		A
		77
B. If amending the registered agent and/or register	red office address on our records, e	nter 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 d	ddress
		, 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 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 = Man AMBR = Auth	ager iorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			_ □Add
			□Remove
			_ Change
			_ □Add
			□Remove
			□Change
			□Add
			□Remove
			_ □Change
			□Add
			□Remove

_____ □Change

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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	-
(If an e <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Datec	6/10/24
	L 4
	Signature of a member or authorized representative of a member
	Lorenzo Hearman Typed or printed name of signee

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Filing Fee: \$25.00