

121 000022410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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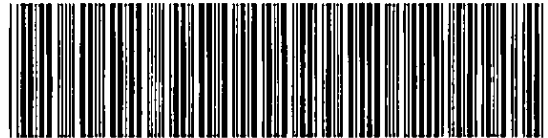
(Business Entity Name)

(Document Number)

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2021 JUL 28 PM 4:51
TALLAHASSEE, FL

n PRUCE
AUG 08 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOLIS BROTHERS CONSTRUCTION LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAUL SOLIS MARTINEZ

Name of Person

Firm/Company

2161 AVIAN PL

Address

JACKSONVILLE, FL 32224

City/State and Zip Code

solisbros@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAUL SOLIS MARTINEZ 904 629-2225
Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Solis Brothers Construction 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 01/08/2021 and assigned
Florida document number L21000022410.

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

City

Florida

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RAUL C SOLIS, JR	2161 AVIAN PL	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAUL SOLIS MARTINEZ	2161 AVIAN PL	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAUL SOLIS SR	12324 HOLLOW GLADE COURT	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAUL SOLIS	12324 HOLLOW GLADE CT	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32246	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF CIRCUIT COURT

200

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

Raul Solis Martinez
Typed or printed name of signer

Typed or printed name of signee