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## COVER LETTER

	egistration Ser ivision of Corp					
CUB FF.CT	FELVIT SO	DLAR LLC				
SUBJECT		Name of Lin	nited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please retu	rn all correspo	ndence concerning this matter	r to the following:			
		Max Salas				
			Name of Person			
		Migrative Inc				
			Firm/Company			
		8400 NW 36th St Ste 450				
		Doral, FI 33178			2023 JUN -6 SECRETARY	
			City/State and Zip Code		16.0°	-
		info@migrative.us	(to be used for future annual report notifie	-cion\	三三	, <del>1</del>
				-ALEKEI)	ا څخ	1250
For further	r information o	oncerning this matter, please o	call:			77
Max Salas	s		305 3658827 at ()			£
	Name of	Person	Area Code Daytime	Telephone Number	AM 9: 05	
Enclosed i	s a check for th	c following amount:				
\$25.00	) Filing F <del>∞</del>	S30.00 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 enclose		

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUN -6 AM 9: 05

FELVIT SOLAR 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  $\frac{03/20/2017}{1}$ and assigned Florida document number 1.21000040778 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FELVIT REDECOR LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A 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.

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>	Name	Address	Type of Action
			🖼 Add
		Miramar, FL 33027	□Remove
			□ Change
			DAdd
		<u></u>	Remove
			DAdd
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			Change

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cumen	
record s is filed	
ecord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record s is filed	

Filing Fee: \$25.00