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Registration Section O: **Division of Corporations**

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For

Tubreakable LLC SUBJECT: _____

Name of Limited Lubiluy Company

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

Please teturn all correspondence concerning this matter to the following:

	Alisa Johnson				
		Name of Person			
	Unbeakable LLC				
		Firm Company			
	P.O. Box 5091				
		Address			
	Deltona, FL 32728				
		City/State and Zip Code		2022	
	snatchbackine@yahoo.com				1
	E-mail address ()	o be used for future annual report polificatio	111	:Ū • po	وب ، میرما
For further information ec	incerning this matter, please ca	11:		·	N)
Alisa Johnson		386 848-1815 at ()		· · · · ·	
Name of	Person	Area Code Daytime Tele	phone Number	دی ۱۰۰۰ - ۱۰۰	
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	Certified	ne of Status &	
<u>Mailing Addres</u> Domistration S		Street Address: Registration Section	1		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Unbreakable LEC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

and assig

The Articles of Organization for this Limited Liability Company were filed on 01/26/2021

Florida document number L21000048429

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sol's Child LLC

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 BON)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registerec</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	TUSS
		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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addee or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
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04/18/2022	
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If the record specifies 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 is filed.

Dated April 18th	2022
Dated	
	Signature of a member/or authorized representative of a member
Alisa M. Johnso	n ´
	Typed or printed name of signee