L21000225521

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COVER LETTER

Division of Cor	porations		
SUBJECT:	e Sol Home Gr Name of Lin	OUA LLC nited Diability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Leona	Name of Person	
		Firm/Company	
	4570	La Rosa Ave	
	NorH	n Port FL 3428, City/State and Zip Code	o
	E-mail address: (1	Liona Newell ion to be used for future annual report noting	fication)
For further information co	ncerning this matter, please ca		
Lona M 1 Name of	Person	at (918) 273. Area Code Daytime	4648 e Telephone Number
Enclosed is a check for the	e 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 Address:

ŤΟ:

Registration Section

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

	e Group LC
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on 5/14/2021 and assigned
Florida document number <u>L21000225527</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
Leona Marie M	Newell LLC
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbrevia "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
	30
	EE'S N.
Enter new mailing address, if applicable:	理 2
(Mailing address MAY BE A POST OFFICE BOX)	
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R. If amending the registered egent and/or registere	d office address on our records, enter the name of the new registered
agent and/or the new registered office address here:	o office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	CHIEF E COTTON STOCK CRETTESS
	, Florida Cits: Zip Code
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Remove
			□Change
			□ Add
		_	□Change
			□Remove
			□Change
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reffective date is l te: If the date is	other than the da listed, the date must b ascreed in this block we date on the Depar	e specific and can k does not meet	not he prior to date the applicable s	of filing or more th		ng.) Pursuant to 605.0	
cord specifies a s filed.	delayed effective of	date, but not an o	effective time, a	12:01 a.m. on the	e earlier of: (b)	The 90th day after	the
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