## 121000249509

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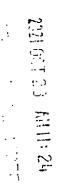
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## **COVER LETTER**

TO:	Registration Se Division of Cor		1	* .
	•	Voon Fina	acial IIC	
SUBJ	ECT:		ited Liability Company	
			. , ,	
The en	iclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Aeron	Caullier Name of Person	
			Name of Person	<del></del>
			Firm/Company	
		1038 Montgon	very Bell RD Address	
		Wesley Cha	Pel FL 335 City/State and Zip Code	543
		E-mail address: (1	Get FL 335 City/State and Zip Code 1920 _ Chotmail to be used for future annual report noti	fication)
For fu	rther information co	oncerning this matter, please ca	all:	
<del></del> ;	Aeren (	Tullian Person	at ( <u>400)</u> 5/8. Area Code Daytim	-1596 e Telephone Number
Enclos	ed is a check for th	e following amount:		
tz/ \$2	5.00 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:
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

(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 $\frac{5 27 2021}{12021}$ Florida document number $\frac{L21000249509}{12021}$	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:  Solas Insurance LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab	obreviation "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 namagent and/or the new registered office address here:	ne of the new registeres
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address  Florida	- 202
, Florida  City  New Registered Agent's Signature, if changing Registered Agent:	Zip Code 😅
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agreewisions of all statutes relative to the proper and complete performance of my duties, and I am	rec to comply with the familiar with cand

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 liabilities

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>	Name	Address	Type of Action
			□Add
		<del></del>	□Remove
			□ Change
			□Add
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fan effed <u>Note:</u> I	ve date, if other than the date of filing:
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.
Dated _	November 1. 2021.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00