## 121000401929

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL
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## **COVER LETTER**

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JOR SOI	LEIL LLC			
<del>,</del>	Name of Lim	Name of Limited Liability Company		
icles of A	amendment and fee(s) are sub	mitted for filing.		
correspon	dence concerning this matter	to the following:		
	Freud Vicira Braz		<b>20</b> 7	
		Name of Person	2021 SEP 16 SEGRETARY	
		Firm/Company	TARY OF	
	651 jamestown blyd apt 21	18	Y OF STATE	
		Address		
	Altamonte Springs FL 327	14	,-1 <b>-</b>	
		City/State and Zip Code	<del></del>	
	freudbraz@gmail.com	a he used for future annual report notification)		
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Z.		269 8619115		
Name of	Person	Area Code Daytime Telephone No	umber	
ck for the	following amount:			
<u>į</u> Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	.00 Filing Fee. tificate of Status & tified Copy litional copy is enclosed)	
ration Se on of Co	ection rporations	Street Address: Registration Section Division of Corporations		
	nation conz z Name of ck for the g Fee	icles of Amendment and fee(s) are subcorrespondence concerning this matter  Freud Vicira Braz  651 jamestown blvd apt 21  Altamonte Springs FL 327  freudbraz@gmail.com  E-mail address: (to present the following amount: a Fee  \$30.00 Filing Fee &	Name of Limited Liability Company  icles of Amendment and fee(s) are submitted for tiling.  correspondence concerning this matter to the following:  Freud Vicira Braz  Name of Person  Finn/Company  651 jamestown blvd apt 2118  Address  Altamonte Springs FL 32714  City/State and Zip Code  freudbraz@gmail.com  E-mail address: (to be used for future annual report notification)  nation concerning this matter, please call:  z  269  8619115  at (	

2415 N. Monroe Street. Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Major Soleil LLC		
(Name of the Limited (A)	Jability Company as it now appears on our records.) Iorida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number 1.21000401929.	lity Company were filed on September 08, 2021	and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of the Soleil ProRentals LLC	e limited liability company here:	<b>2021</b>
	r— c"Limited Liability Company," the designation "LLC" or the a	
Enter new principal offices address, if applicable	1867 ) 1844 )	5 5
(Principal office address MUST BE A STREET A	(DDRESS)	OF PH 13
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	X)	
B. If amending the registered agent and/or regis	stered office address on our records, <u>enter the nan</u> ere:	ne of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. 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 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
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		<del></del>	□Remove
			☐ Change
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			Remove SEP Change
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D. If ame	nding any other information, (	enter change(s) h	ere: (Attach ad	ditional sheets, if i	necessary.)		
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Note:	we date, if other than the date entire date is listed, the date must be spelf the date inserted in this block doent's effective date on the Departm	es not meet the app	licable statutory	(0 or more than 90 days a filing requirements.	<b>ptional)</b> ifter filing.) Purso this date will r	oant to 605.020 tot be listed as	7 (3)(l s the
f the record record is file	specifies a delayed effective date, ed.	but not an effective	: time, at 12:01 u	m, on the earlier of	: (b) The 90th	day after the	
Dated _	September 12	. 2021		[			
	Signat	ure of a member or at	marized represents	tive of a member			
	Freud Vieira Braz						

Typed or printed name of signee