LZ1000408383

(Requestor's Name)
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Y. SCOTT DEC 11 2021

COVER LETTER

TO: Registration So Division of Cor			
	NTAL LLC		·
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JORDI POCH		
		Name of Person	
	POCH RENTAL LLC		
		Firm/Company	(2.8)
	2633 NW 20TH ST SUIT	E A	## # # # # # # # # # # # # # # # # # #
	_	Address	7 2 40 E
	MIAMI FL 33142		(V)
		City/State and Zip Code	25 P. 17 S. 25 S.
	UAJAPEN@HOTMAIL.C		ification)
For further information c	e-mail address: ((to be used for future annual report not all:	ineation)
JORDI POCH		305 6772169	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.60 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		Street Address:	action
Registration : Division of C		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Гallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POCH	DENT	* A I	IIC
r UU.II	KEIN	/\ L.	Labora

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

	lity Company were filed on $\frac{09-15-2}{1}$	1021		and	assigned
Florida document number 1.21000408383	·				
This amendment is submitted to amend the followir	ng:				
A. If amending name, enter the new name of the	e limited liability company here:				
SOLMIA LLC					
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	ation "LLC"	or the abb	re	"L.L.C."
Enter new principal offices address, if applicable	REMAINS THE SA	ME			arrag erren
(Principal office address MUST BE A STREET A		•		~~~	Chicasa Chicasa
		<u> </u>		+-	1
			ma ma	<u> </u>	1
Enter new mailing address, if applicable:	REMAINS THE SA	ME	<u> </u>	2: 0	Carl Carl
(Mailing address MAY BE A POST OFFICE BO)	V)		ודו	<u> </u>	
maining datatess STAT BE A 1 051 01 FTCL 107	<u> </u>				
B. If amending the registered agent and/or regis agent and/or the new registered office address he Name of New Registered Agent: R		as, <u>enter t</u>	ne name	of the	new registered
New Registered Office Address:		reet address			
New Registered Office Address:	Enter Florida st				
New Registered Office Address:		Flo	rida		
_	City		rida	Zıp Co	de
New Registered Office Address: - New Registered Agent's Signature, if changing Regis	City		rida	Zıp Co	de

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
			□Remove
			☐ Change
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			□ Remove
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n effective date	is listed, the date mi	ust be specific and	cannot be prior t				Pursuant to 605.020 fill not be listed a
	ctive date on the I			Die Statetory in	ing requiremen	ts, tills date ti	THE HOT OF HISTORY
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cument's effec		ve date, but not	an effective tin	ne, at 12:01 a.m	n, on the earlier	of: (b) The	90th day after the
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