

121000414059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

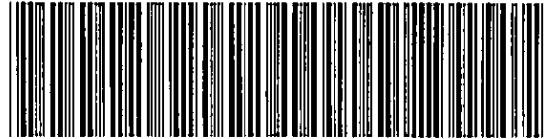
(Business Entity Name)

(Document Number)

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2021 OCT 15 PM 11:15
TALLAHASSEE, FL
SCHOOL OF LAW

BRUCE
OCT 31 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SOLWORK SOLUTIONS LLC

SUBJECT: _____
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Sol Maryam Elizalde moreno

Name of Person

SOLWORK SOLUTIONS LLC

Firm/Company

4715 Connor Dr

Address

CRESTVIEW , FLORIDA , 32539

City/State and Zip Code

elizaldesol25@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SOL MARYAM ELIZALDE MORENO

32539 8503763993

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2021 OCT 15 AM 11:15
TALLAHASSEE, FL
STATE

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
V	EDUARDE HERNANDEZ	4715 Connor Dr	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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202 OCT 18 AM 10:15
SECURITY
TALLAHASSEE FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I NEED TO CORRECT THE NAME OF THE ONLY PERSON AUTHORIZED TO MANAGE LLC.

TITLE: AMBR

SOL MARYAM ELIZALDE MORENO

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2021 OCT 19 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FL

10-13-2021

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

OCTOBER 13

2021

Dated _____

Sol Elizalde

Signature of a member or authorized representative of a member

SOL MARYAM ELIZALDE MORENO

Typed or printed name of signee