## LZICCC HIHCS

(Re	equestor's Name)	
(Ad	dress)	
(, ,,		
(Ad	(dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)	<u> </u>
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000375036950

10/15/21--01017--017 \*\*25.00

2021 OCT 15 AMII: 15

. 7. 7. 7. 2021 nct 31 2021

## **COVER LETTER**

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	202
City/State and Zip Code r	
elizaldesol25@gmail.com	2021 OCT 15
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	2 R 11: 15
SOL MARYAM ELIZALDE MORENO 32539 8503763993	
at ()	<u>1 5 0</u>
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

Mailing Address:

TO:

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

SOLWORK SOLUTIONS LLC (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 \_\_\_\_\_ and assigned Florida document number 1.21000414059 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 name of the flew registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

Circ

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Type of Action
V	EDWARD E HERNANDEZ	4715 Connor Dr	□ Add
			■Remove
			□Clunge
			□Add
			Петоvе
			□Change
			□Add
			□Remove
			SEC. Demoge
		<del></del>	—————————————————————————————————————
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			⊐Remove
			☐ ☐ ☐ Change
			□Add
			□Remove
			Change

•

SOL MARYAM ELIZALDE MORENO  2010 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		AME OF THE ONLY PERSON AUT	HORIZED TO MANAGE LLC.
SOL MARYAM ELIZALDE MORENO  2010 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
200 CC C	TITLE: AMBR		
ive date, if other than the date of filing: (optional)	SOL MARYAM ELIZALDE M	ORENO	
ive date, if other than the date of filing: (optional)			
ive date, if other than the date of filing: (optional)			
ive date, if other than the date of filing: (optional)			
ive date, if other than the date of filing: (optional)			
ive date, if other than the date of filing: (optional)			
ive date, if other than the date of filing: (optional)			
ive date, if other than the date of filing: (optional)			
ive date, if other than the date of filing: (optional)			ن، <b>ر</b>
ive date, if other than the date of filing: (optional)		<del></del>	ECK.
ive date, if other than the date of filing: (optional)			
ive date, if other than the date of filing: (optional)			(2)
ive date, if other than the date of filing: (optional)			
ive date, if other than the date of filing: (optional)		<del></del>	<u> </u>
Tective 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 60 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li	effective date is listed, the date must be	te of filing: specific and cannot be prior to date of fili	(optional)  ng or more than 90 days after filing.) Pursuant to 6
	·		
nent's effective date on the Department of State's records.	ord specifies a delayed effective d filed.	ate, but not an effective time, at 12:01	La.m. on the earlier of: (b) The 90th day aft
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after	OCTOBER 13	2021	
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte iled.  OCTOBER 13 2021	ed		
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte iled.  OCTOBER 13 2021		1	