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A. BUTLER FEB 2 1 2022

COVER LETTER

FO: Registration Sec Division of Corp		•	. • .
· ·	Soleso	arce IIIC	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	^		
	G	grame of Person	
		Orame of Person	
	S	olescarce LLC Firm/Company	
		Firm/Company	
	50	192 Adams Rd Address	
		Address	·
	D-1	11 Z	2484
		City/State and Zip Code ary wilson; rl7 ayah, to be used for future annual report notif) (() [
	9	ary wilson; rl7 byah	00. C om
	E-mail address: (t	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Gara	(L.) i(son	at (§ 561) 573	-0280
Name ò	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)
Mailing Addres	:s:	Street Address:	
Registration S		Registration Sec	
TS to the total of C	'amarations	Division of Cor	porations

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

(Name of the Limited L.) (A F	2022 FEB -9 PH 4: 28 India Limited Liability Company) SECRETARY OF STATE
The Articles of Organization for this Limited Liabil Florida document number <u>L 21000 4-36 0</u>	ity Company were filed on OCTOBE 57 2021, and assigned
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office address on our records, enter the name of the new registered ere:
Name of New Registered Agent:	Gary Wilson
New Registered Office Address:	5292 Adams Rd Enter Florida street address
-	Delray Beach Florida 33484 Zip Code
New Registered Agent's Signature, if changing Reg	gistered 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 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
MGR	Gary Wilson Jr.	5292 Adams Rd	Add
	J	5292 Adams Rd Delray Beach, FL, 33	484 □Remove
			□Change
MGR			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
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<u>lote:</u>	tive date, if other than the date of filing:
l is f	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 the iled.
ated	January 24th , 2022.
	Signature of a member or authorized representative of a member