## L21000455988

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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations			
Sola	u INVURU RA	2/1/00/1 11/		
SUBJECT: Jola	y Lyxury Re	ited Liability Company		
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The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following.		
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	Germine	Comoin		
		Name of Person		~
		Firm/Company		_
	706 N Santa	Catalina CIR		_
		Address		
	Moder Lauder	dale Pl. 33DIER		
	TYVYYY CHMUCK	dale PL 3301e8  City/State and Zip Code		<del>-</del>
	Cempinaremin	to be used for future annual report noti		• •
	E-m il address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		ا. 
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- Cemine	Clmpin	at (56) br44 Area Code Daytin	945	
Name	of Person	Area Code Dayun	ie Teiephone Numbe	:r
Enclosed is a check for the	he following amount:			
<b>∑</b> S25.00 Filing Fee	□ \$30.00 Filing Fee &		□ \$60.00 F	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certific Certifie	ate of Status & - d Copy
		,,		al copy is enclosed)
•• ••				
Mailing Address Registration		<u>Street Address:</u> Registration Se	ection	
Division of C	Corporations	Division of Co		
P.O. Box 632		The Centre of		0.0
Tallahassee.	FL 52514	2415 N. Monro	se Street, Suite.	810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

solay Luxury	Kecovery LLC		
( <u>Name of the Limited Liability</u> (A Florida I.	Company as it now appears on ou imited Liability Company)	r records.)	<del></del>
The Articles of Organization for this Limited Liability Cor	npany were filed on 10 19	2021	and assigned
Florida document number L21000455988			-
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite			
Solay Locs LLC The new name must be distinguishable and contain the words "Limite			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	on "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:		·	
(Mailing address MAY BE A POST OFFICE BOX)			
			•
			·:
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records	, enter the name	of the new registere
agent and/of the new registered office address nere.			
Name of New Registered Agent:			
New Registered Office Address:			
The integration of the Addition.	Enter Florida stree	rt address	
		. Florida	
	City	, 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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tive date, if	other than the d	ate of filing	:			(option	al)	
: If the date is	isted, the date must bloc iscrted in this bloc	e specific and k does not in	cannot be pri cet the appl	or to date of fi icable statut	ling or more orv filing r	than 90 days after fil equirements, this d	ing.) Pursuan ate will not	it to 605.02 The listed
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ord specifies a	delayed effective (	fate, but not a	m effective	time, at 12:0	01 a.m. on	the earlier of: (b)	The 90th d	ay after tl
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Filing Fee: \$25.00