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22 MAY 23 AM 10: 05

T MATTHEWS

COVER LETTER

Registration Section

TO:

Div	ision of Corp	porations			
	SOLID CAPITAL ELC				
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	l Articles of a	Amendment and fee(s) are sub-	nitted for filing.		
		ndence concerning this matter			
	,	Č	· ·		
		FRANCESCO FASSIOLI			
			Name of Person		
		SOLID CAPITAL LLC			
			Firm/Company		
9555 SW 148 AVENUE CIRCLE N					
			Address		
		MIAMI FL 33196			
			City/State and Zip Code		
		FFASSIOLI@PEAKREGR	OUP.COM to be used for future annual report not	rification)	
Car further	n Evrantian e	oncerning this matter, please co		The state of the s	
		•			
FRANCESCO FASSIOLI		305 283 2165 at () Area Code Daytin			
	Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Re	ailing Addrese egistration Servision of C		Street Address: Registration So Division of Co		
P.:	O. Box 632	27	The Centre of	Tallahassee	
Ta	llahassee, l	rt 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N SECHLIARY OF STATE DIVISION OF CORPORATION.

SOLID CAPITAL LLC

22 MAY 23 AM 10: 05

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

rere filed on 12/08/2021		and assigned
ty company here:		
Company," the designation	"LLC" or the abbrev	riation "L.L.C."
-		
ldress on our records, <u>c</u>	enter the name of	f the new registered
Enter Florida street	address	
	, Florida	
City		Zip Code
		1 11 1
	ty company here: y Company," the designation Idress on our records, of the street of	Company," the designation "LLC" or the abbreve address on our records, enter the name of the Enter Florida street address Florida

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
MGR	PATRICK POLL	25545 SW 109TH AVE	≣ ∧dd
		HOMESTEAD, FL 33032	□Remove
			□Change
			□Add
			□ Remove
			□Add
			□Remove
			□Change
			□Add
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	05/18/2022	
ffectiv	re date, if other than the date of filing:	.0207
iote: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	ed as
ocume	nt's effective date on the Department of State's records.	
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
d is file	d.	
	15/18/2022	
(
ated _		
oated _	Trá sa	
oated _	Signature of a member quauthorized representative of a member	