# L21000522311

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Ďoc	cument Number)	
Copies	Certificates	s of Status
ecial Instructions to F	iling Officer:	





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2022 NOV 22 AM 11:

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Solaiya DPD JV LLC				
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			- <del>-</del>	
•				
				Art of Inc. File
				ETD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature	<del></del>	<del></del>		Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH	11/10/22		<u></u>	UCC 1 or 3 File
	11/18/22			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

### **COVER LETTER**

	legistration So division of Cor			
SUBJECT	Solaiya DP	D IV LLC		
SOBJECT	·	Name of Lin	uted Liability Company	· · · · · · · · · · · · · · · · · · ·
The evelor		(A	the London	
		Amendment and fee(s) are sub	_	
Please rch	um all correspo	ondence concerning this matter	to the following:	
		John P Miller		
			Name of Person	
		John P Miller CPA PA		
			Firm/Company	
		2499 Glades Rd Ste 304		
			Address	
		Boca Raton, FL 33431		
		,-	City/State and Zip Code	
		john@johnpmillercpa.com	to be used for future annual report notif	fication)
For further	information c	oncerning this matter, please c	•	
John P Mi	ller ·		561 368-9777	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is	s a check for th	ne following amount:		
≘ \$25.00	) Filing Fee	☐ \$30.00 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)
	<u>(ailing Addres</u> egistration S		Street Address: Registration Sec	ction

Registration Section
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 2022 HOV 22 AH II: 53

	mited liability company here:  mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  PRESS)  ed office address on our records, enter the name of the new registered:  Enter Florida street address	
(A Florida Limite	d Liability Company)	, watt, h.f.
The Articles of Organization for this Limited Liability Compa Florida document number L21000522311	ny were filed on 12/10/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" o	r the abbreviation "L.L.C."
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)		
		<del></del>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter th	e name of the new registered
agent and of the new registered office address here.		
Name of New Registered Agent:		
Name of New Registered Agent.	<del></del>	
New Registered Office Address:	Enter Florida street address	
	Linter a lociou direct unui caj	
	, Flori	daZip Code
Non-Basis and Associated St. A. 16 J. 18 J. 18 J. 18	-	my come

#### 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
AMBR	SOLAIYA LLLP	433 PLAZA REAL SUITE 275	
		BOCA RATON, FL 33432	≅Remove
·			Change
AMBR	GARDANT TECHNOLOGIES INC	150 E PALMETTO PARK ROAD	\ <b>\</b> ∃Add
		SUITE 800-38A	□Remove
		BOCA RATON, FL 33432	□Change
<del></del>			
			□Remove
			Remove
			□ Add
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Effective date, if o	ther than the date of filing:sted, the date must be specific and cannot be prior to	data of 6ling or more than 00 day	(optional)	າ ເພດກາ
Note: If the date in	serted in this block does not meet the applicab	ble statutory filing requirement	s, this date will not be lis	sted as
document's effectiv	e date on the Department of State's records.			
the record specifies a	delaced affective data but not an affective time	12/01 4512	-6 (L) Th- 00ab dA	•1
cord is filed.	delayed effective date, but not an effective tim	ic, at 12:01 a.m. on the earlier of	or: (b) The your day are	er ine
	R 9TH 2022			
Dated NOVEMBER		<b>-</b> '		
Dated NOVEMBER	NA 1	<del>-</del> '		

Filing Fee: \$25.00

Typed or printed name of signee