## 422 0000 44922

(Requestor's Name)
(Address)
(Addiess)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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04/25/22--01017--003 ++25.00



C. BRUMBLEY
JUN 17 2022

## **COVER LETTER**

	ration Section on of Corporations			
SUBJECT: _	r 	Solai Name of Lim	Druns LC	2
The enclosed A	rticles of Amendme	nt and fee(s) are sub	mitted for filing.	
Please return al	correspondence cor	ncerning this matter	to the following:	
		Carlo	Setendini Name of Person	<del></del>
		4025 1	Firm/Company Fairway Isla	and Dr. Apt. 327
		Orlan	City/State and Zip Code  So Protman  o be used for future annual report noti	2837
		Cd 170 E-mail address: (to	o be used for future annual report noti	·/.com
For further infor	Sefendi, Name of Person	his matter, please car Ni - SIG Z	ll:at ( <u>787)</u>	5.2692 e Telephone Number
Enclosed is a che	eck for the following	į amount:		
Z \$25.00 Filin	g Fee □ \$30.0 Cert	0 Filing Fee & ificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address: ration Section		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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000044922</u>	were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability and contain the words "Limited Liability and contain the words" and contain the words "Limited Liability and contain the words "Limited Liability and contain the words" and contain the words "Limited Liability and contain the words" and contain the words "Limited Liability and contain the words" and contain the words are contained to the contained the c	11C
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 adagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chanter 605, F.S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
		<del> </del>	🗆 Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			🗆 Change
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			□Remove
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			Remove
			□ Change
			🗆 Add
		<del></del>	□Remove
			MCha

F. Effective date, if other than the date of filing: 1/25/2022 (optional)  (If an effective 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 605.0207 (3  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated April 19 . 2022.
Signature of a member or authorized representative of a member
Typed or printed name of signee

Filing Fee: \$25.00