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SECRETARY OF STATE
TALLAHASSEE, FL

APR II AH 7: 37

O SIMMONS MAY 0.3 2022

## **COVER LETTER**

то:	Registration S Division of Co			;			
SUBJEC		tal Solutions LLC					
<b>СОВЗЕ</b>	Name of Limited Liability Company						
The encl	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please re	eturn all corresp	ondence concerning this matter	to the following:				
		LEXIE RIVERS					
			Name of Person				
	PRIME CORPORATE SERVICES						
	Firm/Company						
		5250 S COMMERCE DR STE 200					
	Address						
		MURRAY, UT 84107					
	City/State and Zip Code						
		sandrapconsulting@gmail.com					
			to be used for future annual report notif	ication)			
For furth	er information	concerning this matter, please c	all:				
LEXIE I	RIVERS		855 577-4639				
	Name	of Person	Area Code Daytime	Telephone Number			
Enclosed	is a check for t	the following amount:					
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate 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)			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION 2022 APR 11 AM 7: 37 **OF**

SRP Capital Solutions LLC

SECRETARY OF STATE

TALLAHASSEE, FL

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 02/21/2022	and assigned
Florida document number L22000083550		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Solstone Capital LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e 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)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		ter the name of the nev
New Registered Office Address:	Enter Florida street address	
		Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and La provided for in Chapter 605, F.S. (	m familiar with and 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
	-		
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	ist be specific and cannot be prior block does not meet the applic	able statutory filing requiren	(optional) days after filing.) Pursuant to 605.0207 (3)(nents, this date will not be listed as the
If the record specifies a delaye (b) The 90th day after the rec		t an effective time, at	12:01 a.m. on the earlier of:
Dated March 1	. 2022	·	
	Sandra Pello Signature of a member of autho	YWWY Drized representative of a memb	er
Sandra Pellerano		,	
<del></del>	Typed or printi	ed name of signee	<del></del>

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Filing Fee: \$25.00