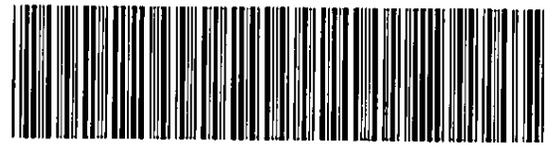


L220000087954



200384051462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

03/23/22--01009--013

CLERK OF STATE
MEMPHIS, TN

2022 MAR 23 PM 1:13

FILED

2022 MAR 23 PM 3:02

Amend

MAR 24 2022
ALBRITTON

CAPITAL CONNECTION, INC.

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

WILLKENSOL INVESTMENTS LLC

- ___ Art of Inc. File _____
- ___ LTD 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 _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by:

_____	_____	_____
Name	Date	Time

Walk-In _____	Will Pick Up _____
---------------	--------------------

COVER LETTER

**TO: Registration Section
Division of Corporations**

WILLKENSOL INVESTMENTS LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SOLEDAD ELENA CAMPOS MENDOZA DE PARRY

Name of Person

WILLKENSOL INVESTMENTS LLC

Firm/Company

2655 le jeune road, suite 716

Address

coral gables fl 33134

City/State and Zip Code

sol.parry@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SOLEDAD ELENA CAMPOS MENDOZA DE PARRY 580 3722533

Name of Person at (_____) Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>	<u>Address</u>	<u>Type of Action</u>
AR	LETCAM ADVISORS	2430 N 61 ST AVE	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SOLEDAD ELENA CAMPOS MENDOZA DE PARRY	2655 LE JEUNE ROAD STE 716	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL	<input type="checkbox"/> Remove
		33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Change
MGR	SOLEDAD ELENA CAMPOS	2655 LE JEUNE ROAD STE 716	<input type="checkbox"/> Add
		CORAL GABLES, FL	<input checked="" type="checkbox"/> Remove
		33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

