L220000 99066

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22 HAC 17 FH 3: 28

T. MATTHEWS MAR 28 2022

COVER LETTER

TO;	Registration Se Division of Cor		•	
SUBJI	29 SQLAN	BO LLC		
	•	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		JESSICA L. MUTO		
			Name of Person	<u></u>
			Firm/Company	
		300 CARLSBAD VILLA	GE DRIVE, STE. 108A #82	
			Address	
		CARLSBAD, CA 92008		
			City/State and Zip Code	
		mutorealestate@gmail.com		
			to be used for future annual report noti	fication)
hor fur	ther information co	oncerning this matter, please co	all:	
JAME:	S E. BEDSOLE, E	SQ.	904 797-8701 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$25	5.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

22 MAR 17 PM 3: 28

29 SOLANO LLC

	(A Florida Lin	ompany as it now appears on our inted Liability Company)	
The Articles of Organization for this Limited I Florida document number <u>L22000099066</u>	Liability Comp	pany were filed on February 24	. 2022 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited	liability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRES:	<u> </u>	
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)		
			
3. If amending the registered agent and/or agent and/or the new registered office addre	registered off ess here:	ice address on our records, <u>e</u>	nter the name of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street a	ddress
			Florida
			_ Florida
New Registered Agent's Signature, if changing	Registered Ag	ent:	

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> MUTO FAMILY REVOCABLE TRUST	Address	Type of Action
AMBR	dated July 26, 2018	300 CARLSBAD VILLAGE DRIVE	
		STE. 108A #82	□Remove
		CARLSBAD, CA 92008	
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

N/A	
	
-	
Effective data if at	handle and the Control
If an effective date is list	ther than the date of filing:
in the date thise	rted in this block does not meet the applicable statutory filing requirements, this date will not be listed as date on the Department of State's records.
	and the stephenomen of state is records.
e record specifies a de	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	The your day after the
Dated March 14	
	> >eme
/	Signature of a member or authorized representative of a member
JAMES E	BEDSOLE, ESQ.
-	Typed or printed name of signee

Filing Fee: \$25.00