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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Solomon & Sean LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Solomo Denoc-d Name of Person
Solomon: Sean LLC Firm/Company
7203 sportsman Dr
North Landerdale F1 33068 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Salaman Dennard at (954) 871-6355  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  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

(A Florida Limite	d Liability Company)	
The Articles of Organization for this Limited Liability Compared Florida document number 12200120509	ny were filed on <u>March</u> , <u>69, J</u>	& Band assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ganization for this Limited Liability Company were filed on March S9 Jobb and assigned number L Jobb 120 50 9  submitted to amend the following:  ame, enter the new name of the limited liability company here:  edistinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."  pal offices address, if applicable:  ddress MUST BE A STREET ADDRESS)  g address, if applicable:  MAY BE A POST OFFICE BOX)  the registered agent and/or registered office address on our records, enter the name of the new registered new registered office address here:  New Registered Agent:  istered Office Address:  Enter Florida sweet address  Florida 7, Florid	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Estas agus sailige addessa if analicables	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
agent and/or the new registered office address here:	e address on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent.		25
New Registered Office Address:	Enter Florida street address	
	Florida	
<del></del>		Zip Code
New Registered Agent's Signature, if changing Registered Ager	nt:	<u>≅</u>

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
MGR	Sean Tillon	7203 sportsman Dr	🗆 Add
		North Laudendale, FL 3	3066 Remove
			Id Change
MBR	Solomon Dennard	7203 Sportsmen De	
		North Laudrock, FL 33	<u>368</u> □Remove
			□Change
			🗆 Add
		<del></del>	□ Remove
			□ Change
	<u> </u>		□Add
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		-1	🗆 Remove
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|             |                                                                                                                                                                                                                                                                         |
| <del></del> |                                                                                                                                                                                                                                                                         |
| ffective    | date, if other than the date of filing: (optional)                                                                                                                                                                                                                      |
| an effecti  | ve 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
|             | 's effective date on the Department of State's records.                                                                                                                                                                                                                 |
|             |                                                                                                                                                                                                                                                                         |
|             | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the                                                                                                                                               |
| l is filed. |                                                                                                                                                                                                                                                                         |
|             |                                                                                                                                                                                                                                                                         |
| ated        | 10-24-22                                                                                                                                                                                                                                                                |
|             |                                                                                                                                                                                                                                                                         |
|             | Signature of a member or authorized representative of a member                                                                                                                                                                                                          |
|             |                                                                                                                                                                                                                                                                         |
|             | SEAN M Dillan Typed or printed name of signee                                                                                                                                                                                                                           |