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COVER LETTER

TO: Registration Sec Division of Corp				
subject: <u>455</u>	DUCHES IN	Westment, Ll ited Liability Company	<u>- C</u>	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Michael	H. Merino Name of Person		
	Micha	el H. Merir Firm/Company	10, PA	22 (
	6741 OXC	MGE DE Address		22 OCT -3 AM 4: 55
	Davie F	1 33314 City/State and Zip Code		AH 4: 55
	San Va 6 Q E-mail address: (Merino Lega to be used for future annual report not	L.C.M	oy ≗
For further information co	neerning this matter, please e	all:		
Michael Name of	M. Merino Person	at (<u>954</u>) <u>321</u> Area Code Daytin	77-01 ne Telephone Number	
Enclosed is a check for the	following amount:			
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	tus &
Mailing Address: Registration So Division of Co	ection	Street Address: Registration Se Division of Co		
P.O. Box 6327 Tallahassee, Fl		The Centre of		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>A55000005</u>	Investment,	
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C		2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>
		2 · · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		ω
Mailing address MAY BE A POST OFFICE BOX)		P 27
		<u> </u>
		თ ,∞
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, y	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		Planta
	City	, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member Title Name Address Type of Action Solid cote LLC 1304 Coffeen Ne Skira DAdd Sherillon wy 82801 Bremove MOR Solid cox Holdings Lie 1309 coffeen AVE XADD \Box Add **□**Remove □ Change □Add □Remove _____ □Change __ □Add □Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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ited ৗ		Signature of a member or authorized representative of a member	

Filing Fee: \$25.00