50609 lorida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOLARE CHEMICAL SOLUTIONS LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Solare Chemical Solutions LLC

company has been notified in writing of this change.

(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 Con-	mpany were filed on $\frac{10}{100}$)/19/22	and assigned
Florida document number L22000450609	-'		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the d	esignation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ISS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			_
B. If amending the registered agent and/or registered of	office address on our re	ecords, enter the nam-	e of the new registers
agent and/or the new registered office address here:			cor circ in a regioner
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Street Radioss.	Enter Florida street address		
		Florida	
	Cay		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent ar provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nplete performance of	my duties, and I am fo	amiliar with and
being filed to merely reflect a change in the registered			

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>	<u>Address</u>	Type of Action
AMBR	Festa, Roberto	7901 4TH ST N STE 300	Z iAdd
		ST. PETERSBURG, FL 33702	⊡Remove
			□Change
			⊡Add
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			OChange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			-Change

σ_{PR}	TRACE OF THE STATE
D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces 1077) DEC	19 AM.
	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	ant to 605.6207 (3)(b) of be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th record is filed.	day after the
Dated December 19 2022	
Signature of a member or authorized representative of a member	
Riley Park Typed or printed name of signee	

. . .

Filing Fee: \$25.00