623000050102

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S. FRANKLIN MAY 13 2323

COVER LETTER

111: **Registration Section Division of Corporations**

SOLARIUM INVESTMENTS LLC SUBJECT:

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

Fease return all correspondence concerning this matter to the following:

JAVIER A. RIVERA Name of Person SOLARIUM INVESTMENTS Firm/Company 15984 SW 100th LN MIANIFL 33196 Machier 10276 5196 yahow. On Opmail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAVIER A RIVERA at (305) 799:15,10 Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

 \checkmark 525.00 Filing Fee \square S30.00 Filing Fee &

Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

□ 560.00 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

M4R 2 3 2023 Street Address: Registration Section Division of Corporations The Centre of Tallahassee The Street. S 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDM TO	IENT	,		ې يې ۳. لم ر
ARTICLES OF ORGANIZA	TION			
OF				
SOLARIUM INVESTUENTS L (Name of the Limited Liability Company as it now appic (A Florida Limited Liability Company	LC cars on our reco	ords.)		
. The Articles of Organization for this Limited Liability Company were filed on _	01/261	12023	_ and as	signed
Florida document number <u>LZ3000050102</u>	7			
I his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company	<u>here</u> :	·		
The new name must be distinguishable and contain the words "Lunited Liability Company," the	e designation "LI	LC" or the abbre	viction "L	.IC."
			20	
Enter new principal offices address, if applicable:	,· 		1231	· · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	MAR	*
·····			23	
			-P	
Eater new mailing address, if applicable:			I	
Mailing address MAY BE A POST OFFICE BOX			. ເມ	······································
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5. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, <u>ente</u>	er the name o	<u>f the ne</u>	w registere
Name of New Registered Agent:	<u></u>			<u></u>
New Registered Office Address:				
Enter Fl	lorida street <mark>add</mark> r	-exs		
	, I	Florida		

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.

City

Zip Code

If amending Authorized.Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

.

MCR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MG2	JAVIERA RIVERA	15984 SUI 100 ¹⁴ LNI MIANII FL 3319E	ZAdd
			⊡Change
			🗌 🗋 Add
		····	🗆 Remove
			Change
·			ÜAda
			T.Remove
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D. If amending any other information, enter change(s) here: (Attach additional skeets, if necessary.)

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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 day after the record is filed.

Dated	<u>c3-20-23</u>
	LAN -
	Signature of a member or authorized representative of a member
	TATIER & PINERA Typed or printed name of signee
	<i>L</i> Typed or printed name of signee