From: Juliana dos santos

Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H250002903193)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOSSANTOS AND MACHADO, LLC

Account Number : I20140000089 Phone : (754)301-2128 : (954)252-4650 Fax Number

**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 SOLIDITY DEVELOPER AND CONTRACTORS GROUP LLC

	كناكننان كالمراز والتحارب
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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To:	•	•	Page: 3 of 6

2025-08-19 17:49.27 GMT

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From: Juliana dos sentos

COVER LETTER

(((H25000290319 3)))

	Registration Se Division of Cor			•
		DEVELOPER AND CONTRA	ACTORS GROUP LLC	
SUBJEC	CT:	Name of Lim	ited Liability Company	
The enclo	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		GILVAM F DOS SANTO	S	
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		GFS TAX & ACCOUNTIN	NG SERVICES	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		11764 W SAMPLE RD ST	TE 102	
			Address	
		CORAL SPRINGS, FL 33	065	
			City/State and Zip Code	.
		INFO@GFSTAXACCT.CC		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ca	all·	
GILVAN	м F DOS SANTO	OS	754 301 2128	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
□ \$25.0	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

To:

From: Juliana dos santos

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H25000290319 3)))

SOLIDITY DEVELOPER AND CONTRACTORS G	ROUP LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000256702</u>	were filed on 05/25/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2678 MEADOWOOD DR
(Principal office address MUST BE A STREET ADDRESS)	WESTON, FL 33332
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2678 MEADOWOOD DR WESTON, FL 33332
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	· ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
New Registered Office Address:	Enter Florida street address
	City. Zip Coate

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.

To: . Page 5 of 6

MGR = Manager

2025-08-19 17:49:27 GMT

19542524650

From: Juliana dos santos

(((H25000290319 3)))

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

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

To:		Page: 6 of 6
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From: Juliana dos santos

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<u>ote:</u> li	we date, if other than the date of ective date is listed, the date must be spe If the date inserted in this block does ent's effective date on the Departm	es not meet the applic	able statutory filing	(optional re than 90 days after filing requirements, this date) z.) Pursuant to 605.0207 (3 e will not be listed as th
ecord is file	I specifies a delayed effective date, ed.	but not an effective t	ime, at 12:01 a.m. o	n the earlier of: (b) T	he 90th day after the
ued A	AUGUST 18TH	2025			
u		mont	0.		

Filing Fee: \$25.00

Typed or printed name of signee