To:

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068

Phone : (407)326-8434

Fax Number : (407)604-6519

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

Email Address: contact@medeirossouza.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOLID RESIDENCES LLC

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FEB 2 2 2024

TO:

Registration Section

COVER LETTER

Division of Co	rporations				
SOLID RE	SIDENCES LLC				
SUBJECT:					
	Name of Em	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are suf	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
·	-	·			
	Rubem Souza				
		Name of Person			
	Madairas Coura coro				
	Medeiros Souza corp		<u>-</u>		
	Firm Company				
	1711 Amazing Way, Ste 213				
	Address				
	Ococc, FL 34761				
	 	City State and Zip Code			
	contact@medeirossouza.co				
	E-mail address: (to be used for future annual report no	lification)		
For further information c	oncerning this matter, please c	all:			
Rubem Souza		407 326 - 8484			
Numa o	f Person	at () Area Code Daytii	na Lafantana a Nambara		
vaine ()	i r Cistili	20 ca Code Dayth	ne Telephone Number		
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Enclosed is a check for th	_				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ 555.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy		
			sudifitional copy is enclosed)		
Mailing Addres		Street Address:			
Registration S		Registration Se			
Division of C P.O. Box 632		Division of Co The Centre of			
Tallahassee, F			oe Street, Suite \$10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SOLID RESIDENCES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Fiorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07.12/2023}{1}$ _____ and assigned Florida document number $\frac{1.23000331209}{1.23000331209}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Lamited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: MEDFIROS SOUZA CORP Name of New Registered Agent: 1711 Amazing Way, Ste 213 New Registered Office Address: limer Florida street address Ococe

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 om 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.

 U_{HV}

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	VETTA INVESTMENTS CORP	16192 COASTAL HIGHWAY, LEWES, DELAW	'ARI ≣Add
		19958	Remove
			UChange
AMBR	MG HOLDING INVESTMENTS	16192 COASTAL HIGHWAY, LEWES, DELAW	ARI <u> </u>
		19958	□Remove
			□Change
AMBR	RN EXOTIC STONES LLC	14 EAST WASHINGTON SUITE 600 G, ORLAN	
			■Remove
			Change
AMBR	DUSAH INTERNACIONAL LTD	PO BOX 146, ROAD TOWN, TORTOLA VGH 1	-0B\ UAdd
			■Remove
			□Change
			FAdd
			LAHASSIF FLO
			10000 1000 1000 1000 1000 1000 1000 10
			□Remove
			::IChange

Orlando Dated			
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Effective date, if other than the distribution of the date is listed, the date must Note: If the date inserted in this blood document's effective date on the Dept.	t be specific and cannot be prior to do sek does not meet the applicable	ate of filing or more than 90 day	(optional) es after tiling,) Pursuant to 605,02077, ts, this date will not be listed as th
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