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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu: | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer. | |
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COVER LETTER

| TO: Registration Section Division of Corpor | | | | |
|---|---|--|-------------------------------|---|
| SUBJECT: | Solid S Name of Limi | OUTION LL (ted Liability Company | | |
| The enclosed Articles of Am | endment and fee(s) are sub- | mitted for filing. | | |
| Please return all corresponde | ence concerning this matter | to the following: | | |
| | Mid | Name of Person | I | |
| | | Solid Solv H | on LLC | |
| | 5337 Ga | rden Lane Address | Suite J | |
| | <u>Tampa</u> wanna be | City/State and Zip Code City/State and Zip Code City/State and Zip Code Cod | amail. | <u> </u> |
| For further information conc | | | eport hotification) | |
| Michael Name of Po | Longs II | at (<u>360</u>) Area Code | 402 · 60 { Daytime Telepho | ne Number |
| Enclosed is a check for the f | ollowing amount: | | | |
| □ \$25.00 Filing Fee | (I) \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclo | | \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company as (A Florida Limited Liability | it now appears on our records.) ty Company) |
|--|---|
| The Articles of Organization for this Limited Liability Company were Florida document number <u>L23000 38 45 8</u> 9 | filed on Argust 16, 2023 and assigned |
| 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 "Limited Liability Co Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | Michael Longs II. Suite D Tanga, F2 336102 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ——————————————————————————————————— | Michael Longs II = 5337 Garden Lane Svite D Tampa, FL 33610 |
| B. If amending the registered agent and/or registered office addragent and/or the new registered office address here: | ess on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: M: Choose New Registered Office Address: 5337 | CL LangeII Carden Lane Svite D Enter Florida street address |
| Tampa | . Florida 36/0 City 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

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> | Address | Type of Action |
|--------------|------------------|---|----------------|
| 4CR | Michael Longs II | 5337 Garden Lane Sutel) | (DAdd |
| • | U | Address 5337 Garden Lane Sutel) Tampa, FL 33610 | □Remove |
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| Signature of a member of authorized representative of a member | | nd. | 2023 | . | _ | | |
| Signature of a member of authorized representative of a member | ared Avoyst 22 | 7- | | | | | |
| | ared August 22 | 4/1 | 7 | 1 | | | |