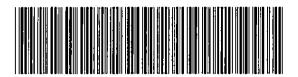
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(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SOLIN DOLL	LLC
	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Sation	Name of Person Virm/Company
4403	2 N 72na S) Address
Tamy	$\chi + L 33610$ City/State and Zip Code
E-mail addre	ss; (to be used for future annual report notification)
For further information concerning this matter, pleas	
Name of Person	at (227) 286 - 286 San Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee ☐ S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Sation Doll 1		
(Name of the Limited Liability Comp	pany as it now appears on our records.) I Liability Company)	
(A Florida Elmitec	(Clarifity Company)	
The Articles of Organization for this Limited Liability Compan	ny were filed on MINARO	and assigned
The Articles of Organization for this Limited Liability Compan Florida document number 1300 129722.		
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liaf	bility Company," the designation "LLC" or the	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	·	
(Finetpar office address 51031 BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		, 7
		ふ
B. If amending the registered agent and/or registered office	address on our records, enter the nar	ne of the new registered
agent and/or the new registered office address here:		٢
		;
Name of New Registered Agent:		- ب ن د)
New Registered Office Address:	Enter Florida street address	-
	P1 11	
	, Florida,	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 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 Title Name Type of Action Otin Boll Price 4402 □Change _____ Change _____ □ Add □Remove _____ □Change ______ Remove ______ Change _____ □Add _____ □Change _____ □ Add ___ □Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
	
Effective date, if other than the date of filing:	0207 (3) d as the
ne 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 ord is filed.	the
Dated OCTOBEN 20 . 2023	
Signature of a member or authorized representative of a member	
Carlin Poile	