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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
SHADES A SUBJECT:	AND FLOORING LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gustavo Cella		
		Name of Person	
		Firm/Company	
	10336 SW Green Turtle Li	า	
		Address	
	Port Saint Lucie, FL 34987	,	
	info@solarellc.com	City/State and Zip Code	
For further information c	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report n	otification)
Gustavo Cella		561 660-1613	
Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 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 S Division of C	Section Corporations	Street Address: Registration S Division of C	orporations
P.O. Box 6327		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHADES AND FLOORING LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our recor ited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp	oany were filed on 02/13/2024	and assigned
Florida document number L24000078887		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SOLARE LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		20:
		7024 JUN
Enter new mailing address, if applicable:		∑
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Mulling uddress MAT BE A FOST OFFICE BOAJ	-	
		<u></u>
The amount is a the registered agent and/on registered of		the new sections
 If amending the registered agent and/or registered off agent and/or the new registered office address here: 	ice address on our records, enter	r the name of the new register
Name of New Registered Agent:		
N. D. ' . 100" A 11		
New Registered Office Address:	Enter Florida street addre	SSS
	F	lorida
	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 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
			□Add
			Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change
			□Adđ
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			Change

). If amending any other inform	nation, enter change(s) here: (Attach additional sheets, i,	f necessary.)
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		<u> </u>
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	nust be specific and cannot be prior to date of filing or more than 90 day, block does not meet the applicable statutory filing requirement	
the record specifies a delayed effect cord is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated MAY 31ST	2024	
	Signature of a member or authorized representative of a member	
GUSTAVO CELLA		
	Typed or printed name of signee	