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COVER LETTER

Division of Cor		· •	1
SOLARIS- SUBJECT:	FL HOLDINGS LLC		
	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:	
	PRISCILLA AVILA		
		Name of Person	
	SOLARIS-FL HOLDING	S LLC	
		Firm/Company	
	1415 E 11 AVE		
		Address	
	HIALEAH, FL 33010		
		City/State and Zip Code	
	info@promexllc.com E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	·	
PRISCILLA AVILA		305 3361656 at ()	
Name o	f Person		: Telephone Number
Enclosed is a check for the	ne 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 Addres	s:	Street Address:	

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

pany as it now appears on our records. d Liability Company)	1
ny were filed on 02/20/2024	and assigned
ability company here:	
bility Company," the designation "LLC"	or the abbreviation "L.L.C."
	
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<u> </u>	
e address on our records, <u>enter t</u>	ne name of the new regist
Entar Florida etrant addrase	
, Floi	rida Zin Code
	e address on our records, enter the

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
MGR	CRISTINA GARRIGA	2 CALLE MADRID # 15JK	≣Add
		SAN JUAN, PR 00907	□Remove
			□Change
			Add
·		□Remove	
		□Change	
			□Remove
		□ Change	
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		□Change	
		□Remove	
		□ Change	
		□Add	
		□Remove	
		□Change	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 the record is filed. Dated _ APRIL 10 2024 Signature of a member or authorized representative of a member PRISCILLA AVILA Typed or printed name of signee