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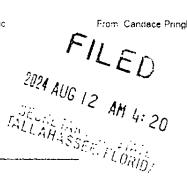
COVER LETTER

	egistration S ivision of Co			
SOB GOT	SOLARU	S, PLLC		
JOBITA 1	·	S, PLLC Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sul	unitted for filing.	
Please retu	m all corresp	ondence concerning this matter	to the following:	
		Mike Town		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	11 TO 10 TO
		9900 Spectrum Dr		
			Addiess	
		Austin, TX 78717		
			City/State and Zip Code	. –
		mark@derosaandassociates		
For further	information c	E-mail address: (concerning this matter, please c	to be used for future annual report not. all:	ification)
Mike Town	1		800 773-0888	
	Name r	f Person	at () Daytim	ne Telephone Number
Enclosed is	a check for t	nc following amount:		
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ation Section n of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	en rations enter Circle

0810815057 7:18 bM bade: 5 ct 9 £4* (253) 388-0283

:01 65511199981 +#3 From: Pete: DeRosn

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.



SOLARUS, PLLC

(Name of the Limited Liability Company as it now unpears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 07/12/20	24 and assigned	
Florida document number 1.24000310397			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited ligh	ility company here:		
Solarus Insurance Agency PLLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
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)			
3. If amending the registered agent and/or registered of	fice address on our	records, enter the name of the n	
egistered agent and/or the new registered office address her	2:		
Name of No. 19 along a Language			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
, 10 - 17 - 18 - 18 - 18 - 18 - 18 - 18 - 18			
ew Registered Agent's Signature, If changing Registered Agent:	City	Zip Code	

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

Page Lof 3

if amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCR = Manager AMBR = Authorized Member					
Title	<u>Name</u>	Address	Type of Action		
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Τo Page 6 of 6 2024-08-12 06 50 51 PDT LegalZoom com Inc From Candace Pringle 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)
(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 tiling.) 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.

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Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

Mark Joseph DeRosa