# M22000014462

(Requestor's Name)
(requested 5 realine)
(Address)
(133.433)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE DOLL

Office Use Only



600427532556

FILED 2024 KAY 23 AM 9: 13

-2024 MAY 23 PM 3: 12

RECEIVED

CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

L A DDODEDTIES FOR DAVISOR OF THE	.I
L.A PROPERTIES FOR INVESTMENT, LLC	1
Please Debit FCA000000003 For: 30	
Thank you Seth Neeley	
1	
At 1/2	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	X Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	× Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

### **COVER LETTER**

Division of	n Section l'Corporations		
SUBJECT:	A Properties FO	Investmen	Company
Dear Sir or Madam		•	, , ,
The enclosed applie	cation, certificate and fec(s)	are submitted for I	filing.
Please return all con	rrespondence concerning th	is matter to the foll	owing:
Angim 1	Name of Person		
L.A Pro	perties for investing	ent UC	
400 N Ta	mpa st, Suite ZZ Address	60, Tampa,	FL.
To	mpa /FL/33607 City/State and Zip Cod	<u> </u>	
Teom & E-mail address: (1	o be used for future annua	l report notification	n)
For further informati	on concerning this matter	, please call:	
Anum Mun	e of Person	at ( <u>813</u> )_ Area Code &	263 - 2479 Daytime Telephone Number
Mailing Addre Registration Division of ( P.O. Box 632 Tallahassee,	Section Corporations 27	R D T1	reet Address: egistration Section ivision of Corporations he Centre of Tallahassee 115 N. Monroe Street, Suite 810 hallahassee, FL 32303
Enclosed is a  \$\text{D\$25 Filing Fee}\$  CR2E055 (9/15)	check for the following (D\$30 Filing Fee & Certificate of Status	amount: ☐ \$55 Filing Fo	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears  State: L. A. PIOPEIFES FOIL  State:	rs on the records of the Florida Department of INVESTMENT LUC
Enter new principal office address, if applicable:	400 N Tumpa St, Suite 2260,
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL, 23602
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Some as above
2. The Florida document number of this limited li	ability company is: N 27 0000 14462
3. Jurisdiction of its organization: Utah	
4. Date authorized to do business in Florida:	4/16/2022
SECTION II (5-9 complete only the applicable	changes)
5. New name of the limited liability company: (must	We Solara UC st contain "Limited Liability Company, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach a maging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as revis	ent and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited
— If C	Changing Registered Agent, Signature of New Registered Agent

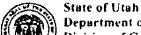
le/ Capacity	Name	Address Type	of Action
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Filing Fee: \$25.00

To 18015305438 Page 2/2 Page 2

From Veil Salutions, LLC 01/20/2024

Fe: 8559423:10



Department of Commerce Division of Corporations & Commercial Code Amendment to Certificate of Organization

Receipt Number 10457342

Amount 930 \$37.00

Orm Clear Larm Guide Sheer		
Non-Refundable Processing Fee: \$37.00		
Pursuant to UCA § 48-3a-202, the individual named below Organization to be delivered to the Utah Division of Corp		
Entity Number: 11364356-0160		
The name of the limited hability company is: L.A Prope	rties For Investment, LLC	
The Certificate of Organization shall be amended as set fo		
There is a change in the name of the limited liabili Wa Solara, LLC	ty company to:	
The Certificate of Organization is amended as follo	ows:	
	State of Utah Department of Commerce Division of Commercian Code I hereby certified that the foregoing has been filed and approved on this 20 day of 20 20 In this office of this Division and hereby issued This Certificate thereof.  Examiner	
	Leigh Veillette Division Director	
Filing date of initial Certificate (for office use only	):	
Future effective date (if not to be effective upon fil	ing) MAI-DD TITT & Married and Manny	
Under penalties of perjury, I declare that this Amer	ndment of examined by me and is, to the best of my	
knowledge and belief, true, correct and complete.	1.4	
Name: Anaim Murcia	Signed:	
Title: L.A Properties For Investment, LLC	Dated: Nidia Deigadillo)	

Under GRAMA [63G-2-201], all registration information maintained by the Division is classifled as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.

Mailing Faxing Information; www.corporations.inab.gov/confactis.html Division's Website; www.corporations.utub.gov

### **COVER LETTER**

Division of	Corporations		
SUBJECT:	A Properties FO	· Investme	ent uc
	Name of Foreig	3n Limited Liabili	ity Company
Dear Sir or Madam:			
The enclosed applica	ntion, certificate and fee(s)	are submitted for	r filing.
Please return all corr	respondence concerning th	is matter to the fo	ollowing:
Anaim 1	lurcia		
	Name of Person		
L.A Pior	ocities for investme	ent UC	
	Firm/Company		
400 N Tar	mpa st, Suite 22. Address	60, Tampa	,FL.
Tar	mpa /FL/33607 City/State and Zip Cod	<u>2</u>	
Teom (5) E-mail address: (to	wesolara. Com be used for future annua	report notification	on)
For further information	on concerning this matter,	, please call:	
	CiQ of Person		263-2979 & Daytime Telephone Number
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	F T 2	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a  □\$25 Filing Fee  □  CR2E055 (9/15)	check for the following US30 Filing Fee & Certificate of Status	amount:  S55 Filing F Certified Co	