

LI 0000 74261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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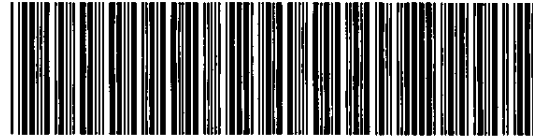
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SOLYMARE LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIGUEL MIRABAI  
Name of Person

GLOBAL LEGAL  
Firm/Company

2655 LEJUNE RD #412  
Address

CONDO GABIOS, FL-33134  
City/State and Zip Code

MMIRABAI@GLOBALLEGALMIAMI.COM.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIGUEL MIRABAI at (305) 773 1010  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

X

**MAILING ADDRESS:**  
 Registration Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
 Registration Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SOLYMANE, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 6/27/2011 and assigned Florida document number L12000074201

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

same

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: \_\_\_\_\_

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

same

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

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**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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR / MEMBER	THE LUIS BENARD CARMEN ROMAN BENARD SP. IN TRUST DATED DECEMBER 24TH 2008 ASTD 100 UNITS	325 S. BISKYNE BLVD. # 523, MIAMI, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

MGR / MEMBER	LUIS BENARD ASTD SD-UNITS	325 S. BISKYNE BLVD # 523 MIAMI, FL-33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGR / MEMBER	CARMEN ROMAN BENARD ASTD SD-UNITS	325 S. BISKYNE BLVD # 523, MIAMI, FL- 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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Add  
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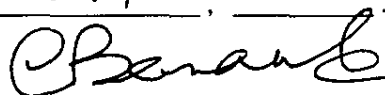
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: ~~08/01/2014~~ \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 8/1/2014



Signature of a member or authorized representative of a member

Cameron Bennett

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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