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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JOSE PEREZ Account Number : 120130000083

: (305)436-0093

Phone Fax Number : (305)436-0094

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RH GLOBAL SOLUTIONS LLC

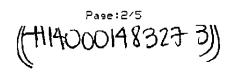
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

RH GLOBAL SOLUTIONS 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:

SONIA BOTERO

Name of Person

JP GLOBAL BUSINESS SOLUTIONS

Firm/Company

7325 NW 36TH ST

Address

MIAMI FL 33166

City/State and Zip Code

MASTER@JPGBUSINESS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SONIA BOTERO

.305.4360093

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fcc

■ \$30.00 Filing Fcc & 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 onclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

((H14000148327 3))

From:3054360094

(+140 001483273))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RH GLOBAL SOLUTIONS LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny ay it new appears on our records.) Liability Compuny)		
The Articles of Organization for this Limited Liability Company Florida document number L12000122861			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
SOLUTION PUMP LLC			
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	244 Biscayne Blvd		
(Principal office address MUST BE A STREET ADDRESS)	Apt 3003		
	Miami FL 33132		
Enter new mailing address, if applicable:	244 Biscayne Blvd		
(Mailing address MAY BE A POST OFFICE BOX)	Apt 3003		
	Miami FL 33132		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>e</u> :		
·	Enter Florida street address		
	City , Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	,		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

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((+1,140001483273))

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>Nume</u>	Address	Type of Action
MGRM	Hernandez Wilfredo	807 Porsh Ave	
		Sebring FL 33872	Remove
MGRM	Willasmil Rowdny	807 Porsh Ave	
		Sebring FL 33872	■ Кетоус
MĞRM	Salazar Alejandro	244 Biscayne Blvd	
		APT 3003	□ Rcmove
		Miami FL 33132	
MGRM	Suarez Osmarelia	244 Biscayne Blvd	= Add
		Apt 3003	□ Remove
		Miami FL 33132	
			_□ Remove
			[] Add
	A SECRET LANGE TO A SECRETA LANGE TO A SECRET LA		□ Remove
	99 8 18 97 11 Page	2 of 3	

amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessa	ry)
		-
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fective date, if other than the date of filing.	(optiona	l)
coffective date must be specific, cannot be prior to date this document is filed by the Florida Department	c of receipt or filed date and cannot be wore than 90 days after (of State)	
May 30	2014	
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Signalum of a m	nember or authorized representative of a member	
WILFREDO HERNA		
	Typed or printed name of signee	

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