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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| , , | | | | |
| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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K. SALY EXAMINER OCT 13 2011

COVER LETTER

| TO: | Registration Secti Division of Corpo | | : | |
|-----------|-----------------------------------------|-----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| SUBJE | ECT: Der | ia Florida | LOVESTMENTS, L | LC |
| | | Name of Lim | сей Елаотиу Сотрану | |
| The end | closed Articles of Ar | nendment and fee(s) are sub | omitted for filing. | |
| Please | return all correspond | ence concerning this matter | to the following: | |
| | | John | Paul Arcia Name of Person | |
| | | | Name of Person | |
| | | | | |
| | | | Firm/Company | |
| | | to Box | 330927 | |
| | | | Address | |
| | | Miani, F | L 33233 | |
| | | renni Qa | City/State and Zip Code | |
| | , | E-mail address: (t | o be used for future annual report notificat | ion) |
| For furt | ther information cond | cerning this matter, please co | all: | |
| <u> K</u> | <u>enni Sn</u> | 4der | at 786, 429 04 | 40 |
| | Name of Pe | ersön | Area Code & Daytime T | elephone Number |
| Enclose | ed is a check for the f | ollowing 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, Certified Copy |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

11 OCT 11 PM 12: 50

| Deria - 1000 | da Investmen | rs on our records.) | SEE FLORES |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------|--------------------|
| (A FI | ability Company as it now appear orida Limited Liability Company) | 3 on our records.) | A |
| The Articles of Organization for this Limited Liab | ility Company were filed on | 30/11 a | nd assigned |
| Florida document number <u>L11000/12.311</u> | | | |
| | | | |
| This amendment is submitted to amend the follows | ing: | | |
| A. If amending name, enter the new name of th | e limited liability company her | <u>e</u> : | |
| Solis International The new name must be distinguishable and end with the "L.L.C." | Investments, L ne words "Limited Liability Compa | LC ny," the designation "LLC" o | r the abbreviation |
| L.L.C. | | | |
| Enter new principal offices address, if applicable | | | |
| (Principal office address MUST BE A STREET | ADDRESS) | Miles Control | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | • | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | | |
| | | | |
| | **** ********************************* | | |
| B. If amending the registered agent and/or | | ur records, enter the na | me of the new |
| registered agent and/or the new registered office | e address here: | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Ent | ter Florida street address | |
| | | . Florida | |
| - | City | | Code |

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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

| GR = Mai GRM = M | nager Ianaging Member | | |
|---------------------|-----------------------------------------|-----------------------------------------------------|---------------|
| tle | <u>Name</u> | Address | Type of Actio |
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| lf amend | ing any other information, enter change | (s) here: (Attach additional sheets, if necessary.) | Remove |
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| _ | | | |
| ed | 10/5 /20, | 7/10 | _ |
| | John Paul Ar | or authorized representative of a member | |

Page 2 of 2

Filing Fee: \$25.00