

To: 850-617-6383
Division of Corporations

From: n0585.n00

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305) 541-3980
Fax Number : (305) 541-7033

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOLART HOLDINGS, LLC

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

SOLART HOLDINGS 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 5/3/2004 and assigned Florida document number L04000033716

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:

(Principal office address MUST BE A STREET ADDRESS)

3111 N UNIVERSITY DR STE 105CORAL SPRINGS, FL 33085

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3111 N UNIVERSITY DR STE 105CORAL SPRINGS, FL 33085

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:

ACCOUNTANT & MANAGEMENT INC

New Registered Office Address:

1549 NE 123RD STREET

Enter Florida street address

NORTH MIAMI

City

Florida 33161

Zip 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 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:

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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>
<u>MGR</u>	<u>SOLARTE PAREDES, JULIAN</u>	<u>50 BISCAYNE BLVD UNIT #4606</u>	<input type="checkbox"/> Add
		<u>MIAMI, FL 33132</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>SOLARTE PAREDES, JULIAN</u>	<u>3111 N UNIVERSITY DR STE 105</u>	<input checked="" type="checkbox"/> Add
		<u>CORAL SPRINGS, FL 33065</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>PINTO, HECTOR</u>	<u>3111 N UNIVERSITY DR STE 105</u>	<input checked="" type="checkbox"/> Add
		<u>CORAL SPRINGS, FL 33065</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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: _____ (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 SEPTEMBER 11, 2015



Signature of a member or authorized representative of a member

JULIAN SOLARTE PAREDES

Typed or printed name of signer

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