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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : 120080000090 : (305)670-1991 Phone : (305)670-1993 Fax Number

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## SOUTH SOLUTIONS, L.L.C. Certificate of Status Certified Copy Page Count \$25.00 Estimated Charge

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## To: Fax: (850) 617-6383 ARTICLES OF AMENDMENT

Page: 3 of 5

11/13/2019 10:13 AM

## ARTICLES OF ORGANIZATION OF

SOUTH SOLUTIONS, L.L.C.	2019 NOV		
(Name of the Limited (4	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lial Florida document number 1.05000044046	oility Company were filed on <u>05</u>	/28/2015 F LGR C/	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of t	he limited liability company ho	erc:	
The new name must be distinguishable and contain the wor	ds "Limited Lizbility Company," the d	lesignation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BE	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter th	ie name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Emer Flor	rda street address	
		, Florida	
	City		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

From: Paola Sanchez Fax. 17864757424 To: Fax: (850) 617-6383 Page: 4 of 5 11/13/2019 10:13 AM transcripting Authorized Ferson(s) attribution from the index of the index and address of each person occupy acceded or removed from our records: MGR = Manager AMBR = Authorized Member Title Name <u>Address</u> Type of Action ALFREDO JOSE SANJURJO 9130 S DADELAND BLVD MGR . ■ Add SUITE 1509 \_\_ 🗆 Remove MIAMI FL, 33156 \_□ Change \_\_\_\_\_ Change \_\_\_\_\_ □ Remove \_\_\_\_\_ Change □ Add \_ 🗆 Remove \_D Change \_□ Add □ Remove \_□ Change  $\square$  Add

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ecord specifies a delayed of e 90th day after the recor	effective date, but i d is filed.	not an effective th	ne, at 12:01 a.m. (	n the earlier o
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NOVEMBER 12		· ·		
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<i>V</i>	/			

Page 3 of 3