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(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
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EXAMINER

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G. MCLEOD

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Metro 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:							
Wand Soldo Name of Person							
Metro Solutions LLC Firm/Company							
2300 Sonset Point Rd.							
Clanuater F2 33765 Metro. Solutions @ Yahao. Com							
Metro. Solutions @ Jahoo. Com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Name of Person at (727 678 – 3537 Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)							

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

Metro Solu (Name of the Limited	Tions L	LC IV as it now a	appears on ou	ır records.)		
(Name of the Limited (A	Florida Limited L	iability Comp	oany)	,		
The Articles of Organization for this Limited Lia		were filed o	n <u>11-19</u> -	05	and assig	gned
Florida document number L 05 000112	2039					
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility compai	<u>ıy here</u> :			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability	Company," the	e designation '	"LLC" or the ab	breviation
Enter new principal offices address, if applica	ıble:	2300	Sonse	t Point	1 Kd 33765	
(Principal office address MUST BE A STREET	(ADDRESS)	Clear	oater .	FL :	33765	<u>Q</u>
Enter new mailing address, if applicable:					APR -5	SION OF
(Mailing address MAY BE A POST OFFICE E	<u>30X)</u>				3	
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered off ice address here	fice address	on our rec	cords, <u>enter</u>	the name of	the new
Name of New Registered Agent:	•	Sold				
New Registered Office Address:	2300 S	<i>sunset</i>	Point Enter Flor	KU rida street aa	ldress	
	Clearus	ater	74.	_, 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address Thereby 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 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>:

MGR = Manager

MGRM = N	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Chris Brown	2300 Sunset Point Rd Clearwater PL, 33765	Add Remove
MGR	Nana Soldo	2300 Sunset Point Rd Clarwater FL 35765	Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
Dated	13/31/10 Para	Tolde	
	Ivana	or authorized representative of a member Sold or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00