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T. CLINE

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EXAMINER

COVER LETTER

TO:	Registration Se Division of Con					
SUBJI	ECT:	SOLO	MONFX, LLC			
		Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
			Robert Sharpe Name of Person			
			Name of Person			
			SolomonFX, LLC			
			Firm/Company			
		3440 H	Hollywood BLVD. Suite 415		and a s	
			Address		ZOII	
		ļ	Hollywood, FL 33014		ZIII OCT 25 SECRETAR) FAELAHASS	ر خدم ا الابد
		-, <u>,</u>	City/State and Zip Code		25 (AR) (SS)	1
		mar	nagers@solomonfx.com to be used for future annual report notification		EE. F	-
For fur	ther information of	concerning this matter, please of		nı)	AM IO LO OF STATE E. FLORIDA	
		obert Sharpe	at (<u></u> -)	9-8273		
	Name o	of Person	Area Code & Daytime Tel	ephone Number		
Enclos	ed is a check for t	he following amount:				
\$25	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	าร		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SO	LOMONEX, LLC			
(<u>Name of the Limited Liabili</u> (A Florida	<u>ity Company as it now appea</u> a Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	01/03/2007	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the li</u>		_	2011 SEC	
The new name must be distinguishable and end with the wild.L.L.C."	ords "Limited Liability Compa	any," the designation "	LEATH or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADL	DRESS)	· · · · · · · · · · · · · · · · · · ·	FS S	
		· · · ·	STATE STATE	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regiregistered agent and/or the new registered office ad		our records, <u>enter</u>	the name of the ne	
Name of New Registered Agent:				
New Registered Office Address:		F1 : 1 · · · · · ·	J	
	Enter Florida street address			
		, Florida		
	Citv		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, 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

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

MGR = Manager

MGRM = Managing Member **Type of Action Title** Name Address MGRM Chistopher Lehn 3119 Brushwood Dr Castle Rock, CO 80109 ☐ Add

✓ Remove □ Add Remove Add 🔲 ☐ Remove JAdd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Signature of a member or authorized representative of a member Robert Sharpe
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00