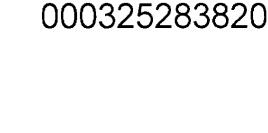
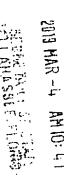
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## **COVER LETTER**

TO: Registration So Division of Co			
	AL SOLUTIONS & INVESTM	IENT GROUP LLC	rž.
SUBJECT:	Name of Lim	nited Liability Company	THE PARTY OF THE P
			10000000000000000000000000000000000000
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	Profession of the Control of the Con
	LEONARD VIDAL		A.
		Name of Person	
	FINANCIALS	RUTIONS 4 NESTA	TIENT GRAIP, LLC.
	495 Brickell Ave 2805	Firm/Company	
		Address	
	Miami FL 33131		
	lennyv12@hotmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	otification)
For further information of	concerning this matter, please ca	all:	
LEONARD VIDAL		305 338-5920 at ( )	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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**

### FINANCIAL SOLUTIONS & INVESTMENT GROUP LLC

ARTICLES	TO
ADTICLES A	TO
ARTICLES	OF ORGANIZATION
	OF The state of th
FINANCIAL SOLUTIONS & INVESTMENT	GROUP LLC
( <u>Name of the Limited Liability</u> (A Florida Li	TO OF ORGANIZATION OF  GROUP LLC  Company as it now appears on our records.) imited Liability Company)  mpany were filed on 12/16/2008 and assigned
The Articles of Organization for this Limited Liability Con	mpany were filed on 12/16/2008 and assigned
108000114572	and assigned
Florida document number L08000114572	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE.	(SS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or register	red office address on our records, enter the name of the new
registered agent and/or the new registered office addres	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street address
	, Florida

### 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	JOHN F. LOPEZ	7524 SW 179 TER., PALMETTO BAY FL 33157	■ Add
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			Change
			Add
			☐ Remove
			☐ Change
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Effectiv	ve date, if other	than the date of	filing:		. (6	optional) after filing.) Pursuant to	
<u>Vote:</u> I	If the date inserted	te date must be specified in this block does on the Departmen	not meet the ap-	olicable statutory f	or more than 90 days iling requirements	after filing.) Pursuant to , this date will not be	o 605,026 Histed a
e reco	ord specifies a 90th day after	delayed effecti the record is fi	ive date, but iled.	not an effectiv	e time, at 12:0	01 a.m. on the e	arlier :
۸ د معد	MARCH 01	; /	2019				
Dated _		1/6/	<u>-</u> .	<del></del> ·			
		X / `	: <i>V</i>				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00