. ZMAN & GURMAN RA 04/28/2016 PAGE 01/04 Division of Corporat Page 1 of 2 Florida Department of State **Division of Corporations Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H16000105666 3))) H160001056663ABC+ Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : GUZMAN & GUZMAN, P.A. Account Number : I20080000090 Phone : (305)670-1991 Fax Number : (305)670-1993 **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 **SOLRIB LLC ц: 2**ц 2616 Ccrtificate of Status 0 NPR Certified Copy 0 Page Count 01 28 2816 APR 28 Estimated Charge \$25.00 Ш υ S LORID ŝ Ο. . · APR 2 9 2016 Electronic Filing Menu Corporate Filing Menu Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLRIB 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 <u>01/20/2009</u> and assigned Florida document number <u>L09000006119</u>

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 contain 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)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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:	
New Registered Office Address:	Enter Florida street address
	, Florida

Citv

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.

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If Changing Registered Agent.	Signature of New Regi	sterid Agent
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Page 1 of 3	RID	0
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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

Title	Name	Address	Type of Action
MGR	HALPERN, CESAR	9130 S DADELAND BLVD	D Add
		SUITE 1509	Remove
		MIAMI FL, 33156	Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effect (If an ef	tive date, if other than the date of film fective date is listed, the date must be specific and	g: I cannot be prior to date of filing or more than 90 day neet the applicable statutory filing requiremen	(optional) ys after filing.) Pursuant to 605.0207 (3)(b)
Note:	If the date inserted in this block does not r	neet the applicable statutory filing requiremen	ts, this date will not be listed as the
gocun	nent's effective date on the Department of S	state s records.	
(b) The	cord specifies a delayed effective (e 90th day after the record is filed.	date, but not an effective time, at 12	:01 a.m. on the earlier of:
Dated	APRIL 28	2016	
Daite		'TYNA	
		hundrend	
	Signation of a	member or authorized representative of a member	PR P
	G & G MANAGEMENT US LLC		PR 28
		Typed or printed name of signee	
			P 12: 0
		Page 3 of 3	IZ: 09

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