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.

(((H110000646063)))



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

: (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE

Account Number: I2000000146

: (305)444-4994

Phone Fax Number

: (305)444~4977

\*\*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 SOLUCIONES ELECTRICAS INTEGRALES, LLC

Certificate of Status	0			
Certified Copy	0			
Page Count	03			
Estimated Charge	\$25.00			

C. LEWIS MAR 1 4 2011

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2011 MAR 14 AM 88 14

SECRETARY OF STATE TALLAHASSEES FLORIDA

Soluciones E	lectricas Integrales	s, LLC		
(Name of the Limited Ciability (A Florida	v Company as it now appeared Limited Liability Company)	ers on our records.)	•	
The Articles of Organization for this Limited Liability	Company were filed on	04/29/2009	and assigned	
Florida document number L09000041470	<u></u>		•	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company be	ere:		
	<del></del>			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Comp	oany," the designation "L	LC" or the abbreviatio	
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·			
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>		
,				
Enter new mailing address, if applicable:		49-44-98-99-9-9-9-9-9-9-9-9-9-9-9-9-9-9-		
Mailing address MAY BE A POST OFFICE BOX)				
	**************************************	•		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, <u>entec t</u>	he name of the ner	
Name of New Registered Agent:	ما وابد برانسساس			
New Registered Office Address:				
•	. <i>E</i>	Enter Florida street address		
	· Cha	, Florida	7: 2: 1	
	Clty	•	Zip Code	

New Registered Augus's Signature, if changing Registered Agents

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

	Manager ≃Managing Member	•	,
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Victor Ducharne	3029 NE 1888 ST - Suite 908 Aventura, FL 33180	Add Remove
MGR	Juan Araujo	3029 NE 1888 ST Suite 908 Aventura, FL 33180	✓ Add Remove
			Add Romave
			Add Remove
			Add Remove
·			Add Remove
D. If an	mending any other information	on, enter change(s) here: (Attach additional sheets, ti s for MGR - Daniel Garcia	f necessary.)
	New Address:	3029 NE 1888 ST, Suite 908	<del></del>
		Aventura, FL 33180	ZOIL MAR 14
Dared_	March 8		FLORID
	·	house Arouse	
		Juan Araujo Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00