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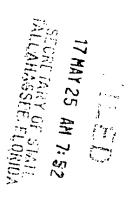
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MAY 25 2017 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Solution Custom Painting 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:
Moniz DA SILVA ANTONIO H
Solution Custom Painting LLC
531 NE 43 Stract. Address
Pompano Beach. FL 33064. City/State and Zip Code ANTONIO HONIZ 12 D 6 mail. 6 m E-mail address: (to be used for future annual report notification)
ANTONIO HONIZIZ DE mail. 6m E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANTONIO MON'2 at (754) 234-4730 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ \text{Certified Copy} \text{(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

The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number ______ 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 "LLC." 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 City

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
HANAGER.	- Rios NATALIA VERONILA	4001 SW 69 LM	D Add
		MiRaman PL 33023	Remove
			Change
			□ Add
			Remove
			Change
CFO_	Calero, Jose Gerardo	4001 SW 69 LN	Add
		HiRaman Fl 33023	Remove
			Change
			_□ Add
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tive date, if other than the date of filing: Sective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable state The date inserted in the December of Contact and the applicable state The date inserted in the December of Contact and the December of Con	(optional) filling or more than 90 days after filling.) Pursuant to 605.0 utory filling requirements, this date will not be listed
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an ef	fective time at 12:01 a.m. on the earlier
e 90th day after the record is filed.	rective time, at 12.01 d.m. on the curren
05/22/17	
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Signator cof a member or authorized rep	

Page 3 of 3

Filing Fee: \$25.00