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SECRETARY OF STATE SIVISION OF CORPORATIONS

T. HAMPTON NOV - 6 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co							
CHDIFCT.	Solman	Enterprises LLC					
Name of Limited Liability Company							
The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following:							
	Kyriakos Manolas						
	-,, , , , , , , , , , , , , , , , , , ,	Name of Person					
	Solman Enterprises LLC						
		Firm/Company	· · · · · · · · · · · · · · · · · · ·				
	3	678 Coral Tree Circle					
	<u> </u>	Address					
	Coco	nut Creek, Florida, 33073					
	V urio	City/State and Zip Code					
	E-mail address: (kosManolas@Gmail.com to be used for future annual report notific	cation)				
For further information	concerning this matter, please	call:					
Kvr	iakos Manolas	at (954)	675-3625				
	of Person	Area Code & Daytime					
Enclosed is a check for	the following amount:						
\$25.00 Fiting 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)				
Regist	LING ADDRESS: tration Section on of Corporations	STREET/COURING Registration Section Division of Corpora	1				

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solm	an Enterprises LLC			
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appea la Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability	y Company were filed on	10/08/2009	_ and assi	gned
Florida document number L09000097444	·			
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the l	imited liability company he	re:		
The new name must be distinguishable and end with the vull.L.C."	words "Limited Liability Comp	any," the designation "LL	C" or the ab	breviation
Enter new principal offices address, if applicable:	<u></u>		· · · · · · · · · · · · · · · · · · ·	<u>=</u>
(Principal office address MUST BE A STREET AD	DRESS)		9	33.5
				2 6
			ç.	
Enter new mailing address, if applicable:			2	
(Mailing address MAY BE A POST OFFICE BOX)				OR ST
				35
B. If amending the registered agent and/or reg registered agent and/or the new registered office a	gistered office address on (our records, <u>enter the</u>	name of	the new
Together a agent analys me new registered times a	autes nere.			
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida street addres	SS	
		, Florida		
	City		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

Title '	Name	Address	Type of Action
MGRM	Evan Manolas	3678 Coral Tree Circle Coconut Creek, Florida 33073	Add Remove
MGRM_	Elio Felipe Solari	3678 Coral Tree Circle Coconot Creek, Florida 33073	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
			SECRETARY SIVISION OF C
Dated	11/02,	2009 MAR	EU Y OF STATE ORPORATIO
	Signature of a	member or authorized representative of a member	S
		Kyriakos Manolas Typed or printed name of signee	
		Typed of printed name of signee	

Page 2 of 2

Filing Fee: \$25.00