

L10000017898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

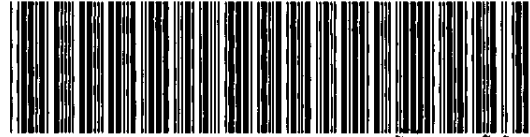
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
AUG 28 2011
EXAMINER

Office Use Only



50023878924

2012 AUG 24 AM 10:00
SECRETARY OF STATE
ALABAMA
FLORIDA

FILED

08/24/12--01018--023 **25.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOLARVIT NATURAL 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:

OSWALDO VILLORIA

Name of Person

SOLARVIT NATURAL LLC

Firm/Company

7066 NW 50 STREET

Address

MIAMI, FL 33166

City/State and Zip Code

office1@solarvit.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSWALDO VILLORIA

Name of Person

at (**786**)

364-8680

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR 24 AM 10:00

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SOLARVIT NATURAL 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 02/17/2010 and assigned
Florida document number L10000017898.

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 end with 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)

FILED
2012 AUG 24 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 _____
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRS	YADIRA SERENO	7066 NW 50 STREET MIAMI, FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	YADIRA SERENO	CARRERA 69N NO. 24-26 SUR BOGOTA DC 00000 CO	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	YADIRA SERENO	CR 82B No. 8B-11 BOGOTA, COLOMBIA	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	OSWALDO VILLORIA	9935 NW 46 ST APT 201 DORAL, FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JIE LI	7066 NW 50 ST MIAMI, FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JIE LI	CR 82B No. 8B-11 BOGOTA, COLOMBIA	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

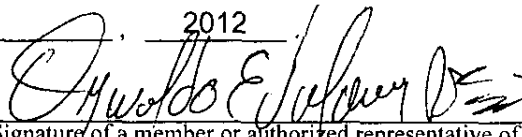
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 AUG 24 AM 10:00

FILED

Dated AUGUST 21, 2012


Signature of a member or authorized representative of a member

Oswaldo Villoria
Typed or printed name of signee