110000069261

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duringer Futth Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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SECRETARY OF STATE

D. SCOTT SEP 2 8 2016

COVER LETTER

Division of Co	rporations			
SUBJECT:	SOLID BUILDERS GROUP,	LLC		
Separati.	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspondent	ondence concerning this matter t	to the following:		
	IGNACIO HERNANDEZ			
		Name of Person		
	SOLID BUILDERS GROC	•		
		Firm/Company		
		Address		
	MIAMI, FL 33183			
		를 3 5		
	ACCOUNTING@SOLIDBU	UILDERSINC.COM o be used for future annual report notifi	cation	E S
For further information c	concerning this matter, please ca		sationy	EP 26 PM
IGNACIO HERNANDI	EZ	305 754-7366		PH STA
Name o	of Person .	Area Code Daytime	Telephone Number	14 12 0000A
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

TO:

Registration Section

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

SOLID BUILDERS GROUP, 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 and assigned and assigned
Florida document number L10000069261
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
SOLID MANAGING GROUP LLC.
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)
<u>≥</u> £ 5
<u> 石港 名 カ</u>
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
Cny 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 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, 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 □ Add ☐ Remove _☐ Change _ 🗆 Add _□ Change _□ Remove _ Change ALLIANA SEE PROL _□ Remove ☐ Change ☐ Remove ____ Change

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ective date, it	f other than the	date of filing	09/23/2016			(optional)	
effective date is te: If the date	slisted, the date must inserted in this blo ive date on the De	t be specific and ock does not m	cannot be prior neet the applica	able statutory fi	ling requireme	lays after filing.) ents, this date v	Pursuant 10 605.020 vill not be listed a
record spec he 90th day	ifies a delayed after the reco	effective da ord is filed.	ate, but no	t an effectiv	e time, at 1	2:01 a.m. o	n the earlier c
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Filing Fee: \$25.00