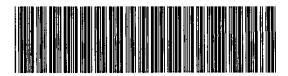
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Con			
SUBJECT:	Name of Limit	10065 Solid	ech, LC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Li	ly Padial	
	Pa	Name of Person Firm/Company	any PA
	gaa Pa	me de len	Blvd 705
	Cora	u Gables, F	33134
	E-mail address: (1	City/State and Zip Code O be used for future annual report no affective an	on Contraction
For further information of	oncerning this matter, please ca	ill:	
Name o	Ly Padial	at (305) Area Code Daytime	3-4305 Telephone Number
Enclosed is a check for t	he 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)
MAII	INC ADDRESS:	STREET/COURSE	D ADDRESS.

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

INVERSIONES	Soliotech, Ll
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on Feb. 11, 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	199 Ponce de Leon Blvd. Suite 705 Coral Gables, Ft 33134
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	999 Ponce de Leon Blvd Suite 705 Coral Gublis, FL 33 pt
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	Force de Leon Blv 8 195 Enter Florida street address 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 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) autl	horized to manage, <u>ent</u>	er the title, n	ame, and ad	dress of each j	<u>person beir</u>	ıg added
or removed from our records:		•				

MGR = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Sabrina	<u>Alvares</u>	9737 NW 41 St. #U	912 Add
			Doral, FL 33178	Remove
	0			☐ Change
MGR	<u>Cesar</u>	Tovar	999 Ponce de Leon B	Add
			Suite 705	Remove
			Coral Gables, FL 3	33 Change
	 .			Add
				□ Remove
				Change
	 -			Add.
				Remove :
				S Pange
				Signal Control
				□ Remove
				Change
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D. II an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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(If an e	tive date, if other than the date of filing: Coptional	to 605.0207 (3)(to 605.0207 (3	> }
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the end of the day after the record is filed.	earlier of:	
Dated	i		
,		_	
	Signature of a member or authorized representative of a member		
ı	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00