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TALLIAHASSEE, FLERIDA

JUL 2 8 2016 S. YOUNG

## **COVER LETTER**

TO: Registration S Division of Co		•		
SUBJECT:	Solivita Clu Name of Lin	6 Services, LL nited Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Eugene	J Garrote Name of Person		
	Solivita Clu	6 Services LLC Firm/Company		SEC SEC
	14900 E O	trange Lake Blud Address	#397	ALLAHAST 16 JUL 27
		City/State and Zip Code  Dintegrity golfco  to be used for stature annual report noti		27 PH 3: 10
For further information of	ا E-mail address: ر concerning this matter, please c		rication)	
Marisa	T220 of Person	at (407) 378	- 4653 X e Telephone Number	4504
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
MAY	INC ADDRESS.	cappet/Coldi	ED ANNDESS.	

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

Solivita (	2106 Serv	ices LLC			
(Name of the Limit	ed Liability Company (A Florida Limited Lia	as it now appears on bility Company)	our records.)		
The Articles of Organization for this Limited Li Florida document number	ability Company w	vere filed on <u>69</u>	15/5011	and assi	gned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabili	ty company here:			
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the design	ation "LLC" or the abb	reviation "L.L.	.C." ⋥-⁄2
Enter new principal offices address, if applica			<u> </u>	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)				<u>=</u>	
			<del></del>		13 <u>~ (v)</u>
Enter new mailing address, if applicable:			ub Services	- 1 11	2021 2011 11011
(Mailing address MAY BE A POST OFFICE )	<u>BOX)</u>		Drange Lake	Blud 書	<u>39:17</u>
	-	Kissimmee	., FI 34	14 1	<del></del>
B. If amending the registered agent and/or the new registered of	_	ce address on our	records, <u>enter t</u>	he name o	f the ne
Name of New Registered Agent:					
New Registered Office Address:	14900 E	Enter Florida st	ake Blud reel address	#39	7
	Kissin	mee_	, Florida	34747	<u> </u>
		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) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Mgrm	Garrote, Eugene )	Change address to:	Add
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		Kissimmee, Fl 34747	Change
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n effect	tive date is listed, th	e date must be spe	cific and ca	nnot be prior	to date of fili	ng or more tha	(option 190 days after	filing.) Pursu	ant to 605.0
<u>te:</u> If	the date inserted at's effective date	in this block do	es not mee	et the applic	able statutoi	y filing requ	irements, this	date will n	ot be listed
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Page 3 of 3

Filing Fee: \$25.00