L12'6000 26837

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COVER LETTER

TO:

Registration Section Division of Corporations

SURFECT

SOL SERVICES, 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:

AMARIS MILLER

Name of Person

SOL SERVICES, LLC

Firm/Company

POST OFFICE BOX 3271

Address

WINDERMERE, FL 34786

City/State and Zip Code

INFO@SOLSERVICESLLC.COM

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

For further information concerning this matter, please call:

AMARIS MILLER

...407、461-0690

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOL SERVICES, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L12000026837</u>	vere filed on 2/24/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "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)	POST OFFICE BOX 3271 WINDERMERE, FL 34786	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		7.00
New Registered Office Address:		
	Enter Florida street address	85 B
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p	e to act in this capacity. I further ago performance of my duties, and I am f	ree to comply with the amiliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
MGR	SEAN MOSKOWITZ	4931 DUNMORE LANE
		KISSIMMEE, FL 34746 Remove
		Remove
		
		Remove
		Add
		Remove
		
		Remove
		Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	tive date, if other than the date of filing:
Dated	JULY 24 , 2014 .
	AMM
	Signature of a member or authorized representative of a member AMARIS MILLER
	Typed or printed name of signee

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Filing Fee: \$25.00