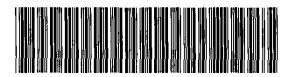
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: FLORICH Outdoor Solutions 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:	
TONY BRANDAN LiberSAT	EE, FLORIDA
Firm/Company	
2959 Apalachee Pkwy Apt. D23 Address	
TALLA HASSEL, FL. 32301 City/State and Zip Code	
FLoridaoutdorsolution 516 Ontho .com E-mail address: (to be used for future annual report notification)	,
For further information concerning this matter, please call:	
Tany Beanpen Libers at (850) 933. C179  Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} &	

### 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

ALERIC CORP.
cords.)

- Horida Cuto	100r 50	lutions LLC	- <b>\</b>	All Control of the Co
( <u>Name of the Limited L</u> (A F	<mark>iability Compa</mark> Iorida Limited I	ny as it now appears o Liability Company)	n our records.)	7
The Articles of Organization for this Limited Liab		were filed on	N.7, 2013	and assigned
Florida document number <u>L13000003</u>	1 18.			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	oility company here:		
The				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Company	"the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicat	ole:	2959	Apalachoo	2 Pkwy 023
(Principal office address MUST BE A STREET	ADDRESS)	TAllahasson	FL 32	301
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Be	<u>0X)</u>	2959 Tallahassec	Apalachee FL. 32	Pkwy 023 2301
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, enter	the name of the new
Name of New Registered Agent:	TONY	BRANDEN	Cibersat	
New Registered Office Address:	2959	BRANDEN Apalachea P Enter	kwy Apk D Florida street add	23 dress
	Tallahas		, Florida	

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

Page 1 of 2

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 **Type of Action** <u>Title</u> <u>Address</u> <u>Name</u> JARROD Milton ERIN E. Libersat \_\_\_ Add \_ ∏ Remove Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) gnante of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00