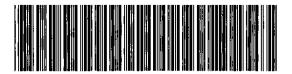
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SEGRETARY OF STATE
TALLAHASSEE, FLORID.

COVER LETTER

10: Registration Section Division of Corpo	on rations	· · · · · · · · · · · · · · · · · · ·	:
suвјест: <u>ŠZa</u>	Name of Lim	ns // Cited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Rodo Ifo	Szanto Name of Person	
	,	Firm/Company	
	1255 GRE	enley Ave.	
		/Address	
	Grovelan	OF AL 34736 City/State and Zip Code	TAL SEC
			AUG 22 PM ORETARY OF S LAHASSEE, F
•	E-mail address: (Smal/: com to be used for future annual report notific	LIMASSEE, I
For further information cond	eerning this matter, please ca	ail:	PH ST
Rodo IFO S Name of Po	Zanto erson	at (40'7) 300 - 9 Area Code Daytime	664 En =
Enclosed is a check for the t	ollowing 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

52anto Solution (Name of the Limited Liability	ns, LLC	n our records)
(A Florida Li	imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number	npany were filed on <u>S</u>	15 203 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desig	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:		ALCRE ALG 22 PL CONTROL OF THE NEW PARTY OF THE PARTY OF THE PARTY OF THE NEW PARTY OF THE
New Registered Office Address:		
	Enter Florida	street address
	City	, Florida 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** Leticia Martins Moraes 1265 Greenley Ave **⋈** Add Consebund, Fl 34736 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of e: If the date inserted in this block does not meet the applicable statu	
ument's effective date on the Department of State's records.	,
record specifies a delayed effective date, but not an eff	ective time, at 12:01 a.m. on the earlie
he 90th day after the record is filed.	
a coth	
ed August 18th, 2016.	
Signature of a member or authorized repr	resentative of a member

Page 3 of 3

Filing Fee: \$25.00