Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: ACCOUNT BOOKKEEPING CORP Account Name

Account Number : I20120000055 Phone

: (407)898-1757

Fax Number

: (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
	Muul Coo.		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOLON ASSOCIATION OF BUSINESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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EXAMINER

Electronic Filing Menu

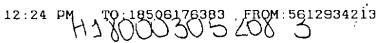
Corporate Filing Menu

Help

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3 10/22/2018



COVER LETTER

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Registration Section

	distration 3					
SUBJECT:	SOLON A	SSOCIATION OF BUSINESS	SLLC			
SUBJECT:		Name of Lin	nited Liability Company			
The enclosed	i Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		GISELE SOUZA				
		ACCOUNT BOOKKEEP	Name of Person		-	
					 ,	
Firm/Company 5301 CONROY ROAD SUITE 140						
			Address		- >	
	ORLANDO FL 32811					7
		INFO@ABKCORP.COM	City/State and Zip Code			10 UC 1 ZZ AT Y:
		E-mail address: (to be used for future annual re	oort notification)		<u>:</u>
For further in	formation c	oncerning this matter, please c	all:		•	
GISELE SO	SOUZA 407 898-1757					
	Name o	f Person	Area Code	Daytime Telephone Number	r	
Enclosed is a	check for the	ne following amount:				
■ \$25,00 Fi	iling Fee	Solution Status Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	ite of Status &	

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

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Page:

10/22/2018

12:24 PM TO:18506176383 FROM:5612934213

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLON ASSOCIATION OF BU		
(Name of the Lip	nited Liability Company as it now (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited	Liability Company were filed o	11 09/23/2013 and assigned
Plorida document number L13000134705	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited Hability compa	ny here:
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the dealgration "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		T G
Enter new mailing address, if applicable:		
~ · · · · · · · · · · · · · · · · · · ·		
Mailing address MAY BE A POST OFFICE	<u> </u>	
		
3. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the n
Name of New Registered Agent:	MLOIACONO LLC	
New Registered Office Address:	6797 S KIRKMAN RD	•
	Enter	Florida street address
	ORLANDO	, Florida ³²⁸¹⁹
	Cirv	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

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			1 X C TY	\mathcal{L}	

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>	Address	Type of Action
MGR	GILSOLON R, DE OLIVBIRA	6486 MBRRICK LANDING BLVD	
		WINDERMERE, FL 34786	
			■ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
MGR	ESTEFANIA D, RAMOS	6486 MERRICK LANDING BLVD	□ Add \$
		WINDERMERE, PL 34786	
			Renave,
			☐ Change
MGR	JOSE EDUARDO, CUZZUOL	3797 S KIRKMAN RD	Add
		ORLANDO, FL, 32819	
		<u></u>	☐ Remove
			☐ Change
			□ Add
		J-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	□ Remove
			Change
·· ·····		·	□ Add
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			Change
			D Add
			□ Remove
			☐ Change

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Page:	6	10/22/2018	12:24 PM	TO:1850617638	3 FROM: 561299 2083	34213
D. If a	mendin	g any other informati	on, enter change(s) here: (Attach additiona	sheets, if necessary.)	
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(if au e <u>Note</u>	effective d	te, if other than the di late is listed, the date must be dute inserted in this block ffective date on the Depa	e specific and cannot be a doos not meet the a	e prior to date of filling or more the applicable statutory filing requests.	(optional) an 90 days after (tling.) Pursu uiroments, this date will no	ant to 605.0207 (3)(b) of be listed as the
		pecifies a delayed e day after the record		it not an effective time	, at 12:01 a.m. on th	e earlier of:
Dates	i	ochober 27		0/8	1	
		Sig	gnature of a member of	authorized representative 1/2	nomber	
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