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SECRETARY OF STATE

JUL 2 8 2016 S. YOUNG

## **COVER LETTER**

TO:	Registration Se Division of Cor		ı			
cup re	SOLLIFLO	ORIDA, LLC				
SUBJE	CI:	Name of Lim	nited Liability Company	<del></del>		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		BACCINO GERARD				
			Name of Person			
		SOLLIFLORIDA, CCL				₹SI
			Firm/Company		المنتخ منتخ	CRE
		7514 PARK SPRINGS CI	R		16 JUL 27	ASS
		<del></del>	Address		PH	[10]
		ORLANDO, FL 32835			ىپ	- デジ 第 <b>元</b>
			City/State and Zip Code	<del></del>	9	ラー
		domdel03@yahoo.com  E-mail address: (	to be used for future annual report notif	ication)		
For fur	ther information c	concerning this matter, please c	-	,		
DOMI	NIQUE DELCOU	JRT	321 460 2033 at ( )		_	
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclose	ed is a check for the	he following amount:				
\$25	5.00 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 St Certified Copy (additional copy is a	atus &	

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

pany as it now appears on our records.) I Liability Company)	
y were filed on 11/19/2013	and assigned
bility company here:	
bility Company," the designation "LLC" or the	abbreviation "L.L.C."
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ORLANDO, FL 32819	上产品
<del></del>	N 200
10309 CYPRESS ISLE CT.	PH CENTER
ORLANDO, FL 32836	<u> </u>
office address on our records, enterer:	r the name of the ne
, Florida	
	bility company here:  bility Company," the designation "LLC" or the  5401 S. KIRKMAN RD. STE 310  ORLANDO, FL 32819  10309 CYPRESS ISLE CT.  ORLANDO, FL 32836  office address on our records, ente

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:

	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00