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COVER LETTER

TO: Registration So Division of Co				
SUBJECT: SOLI	DACTION LLC	>		
SUBJECT:		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	YADIRA HE	RNANDEZ		
		Name of Person		
		Firm/Company		
	1823 OAK E			
		Address		20 I I ₁
	WELLINGTO	ON, FL 33414		2014 FAR -
	YADYCASTY@F			သ ဦး
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notif	·	25 25
	ERNANDEZ	561 \ 856 - 3'	· *	220
	f Person	at ()	Telephone Number	
Enclosed is a check for t	he following amounts			
	-	E for on Pill P	5 040 00 5344 5	
□ \$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 enclos	

MAILING ADDRESS:

10 1 Ye

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.

SOLDAC HON, LLC		
(Name of the Limited	Liability Company as it now appears Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Lia Florida document number <u>LIY 0000 33</u>	bility Company were filed on 02	/25/2014 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited limitity company he	<u>re</u> :
SOLDAUCTION, LLC		
The new name must be distinguishable and end with the we	ords "Limited Liability Company," the d	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble: SAME	70. 71
(Principal office address MUST BE A STREET	ADDRESS)	
		enerol grane
Enter new mailing address, if applicable:	SAME	C: 73
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	5
B. If amending the registered agent and/or the new registered offi		our records, enter the name of the ne
Name of New Registered Agent:	JOSHUA N CASTILLO	
New Registered Office Address:	1823 OAK BERRY CIR	
	Enter Flori	da street address
	WELLINGTON	, Florida 33414
	Ciņ	Zip Code

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

Page 1 of 3

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:

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
		<u> </u>	
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Page 3 of 3

Filing Fee: \$25.00