

(Requestor's Name)

(Address)

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(Address)

(City/State/Zip/Phone #)

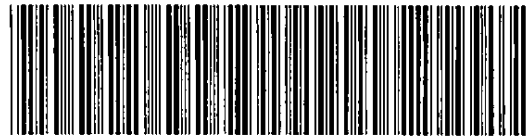
☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 JUL 13 PM 1:04  
FBI - NEW YORK

S. WARREN

JUL 14 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 6, 2017

JUAN CARLOS SOLANO SR  
4119 WOODACRE LANE  
TAMPA, FL 33624

SUBJECT: SOLANO-MUNOZ FAMILY LIVING TRUST LLC  
Ref. Number: L14000051733

We have received your document for SOLANO-MUNOZ FAMILY LIVING TRUST LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

PLEASE AMEND THE DOCUMENT BY REMOVING THE TRUST FROM THE REGISTERED AGENT SECTION B AND PLACING IT ON THE NEXT PAGE UNDER PERSON AUTHORIZED TO MANAGE, LIST IT AS THE AMBR WHICH WILL MAKE IT THE OWNER OF THE LLC

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 217A00013710

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SOLANO-MUNOZ FAMILY LIVING TRUST 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:

JUAN CARLOS SOLANO SR

\_\_\_\_\_  
Name of Person

SOLANO-MUNOZ FAMILY LIVING TRUST LLC

\_\_\_\_\_  
Firm Company

4119 WOODACRE LANE

\_\_\_\_\_  
Address

TAMPA, FL 33624

\_\_\_\_\_  
City, State and Zip Code

juansolano68@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN CARLOS SOLANO SR

813 431-4401

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following 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**

SOLANO-MUNOZ FAMILY LIVING TRUST, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 31, 2014 and assigned  
Florida document number L14000051733.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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**

FILED  
JUL 13 2014  
11:04  
STATE  
OF FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

☐ Remove  
☒ Change  
☐ Add  
☐ Remove

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 7 July 2017

Typed or printed name of signee

**Filing Fee: \$25.00**

17 JUL 13 PM 1:04  
FALLS CHURCH, VIRGINIA