114000056947

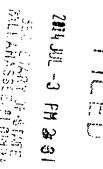
| (Requestor's Name) | | | |
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| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to | Filing Officer: | | |
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Office Use Only



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May 5, 2014

OSVALDO MARTINEZ 782 NW 42 AVE. STE 2 MIAMI, FL 33126

SUBJECT: SOLTECH SOLUTIONS LLC

Ref. Number: L14000056947

We have received your document for SOLTECH SOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Letter Number: 714A00009552

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| TO: Registration Section Division of Corpor | | |
|--|---|---|
| SUBJECT: | Soltect Solvions LC Name of Limited Liability Company | |
| The enclosed Articles of Am | ndment and fee(s) are submitted for filing. | |
| Please return all corresponde | ce concerning this matter to the following: | |
| | OSUALDO MANTINEZ Name of Person DI T PLOFESSIONAL SENVICES Firm/Company | |
| N. C. | Address Address Address City/State and Zip Code DSUA (DOE March wez 9 AOL. com E-mail address: (to be used for future annual report notification) | |
| For further information concessor of Personal Pe | rning this matter, please call: 1. **NFL** at (305) 446 - 4006 ** F** T** | 7 |
| Enclosed is a check for the f | llowing amount: | |
| | 1 \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) 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

| | Solutions LLC | |
|---|---|------------------------------------|
| (<u>Name of the Limited Lia</u> (A Flor | nility Company as it now appears on our records.) rida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Florida document number L14000056947 | Company were filed on 04/07/2014 | and assigned |
| This amendment is submitted to amend the following | : | |
| A. If amending name, enter the new name of the li | imited liability company here: | |
| The new name must be distinguishable and end with the words | *Limited Liability Company," the designation "LLC" or the | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AD | DRESS) | |
| Enter new mailing address, if applicable: | | 22 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 63 |
| | | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | gistered office address on our records, <u>ent</u> <u>ddress here</u> : | er the name of the new |
| Name of New Registered Agent: | | , in the last sea and the last sea |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | Pt. 33. | |
| | , 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 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:

| MGR = M $AMBR = A$ | lanager authorized Member | | |
|--------------------|-------------------------------|---------------------------|---------------------|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
| MGR | Jimmy A. Rivadeneira | 10885 NW 89 Terrace # 220 | _ ≣ Add |
| | | Doral FI 33178 | _□ Remove |
| MGR | Sandra M.Alava de Rivadeneira | 10885 NW 89 Terrace # 220 | _ _ ■ Add |
| | | Doral FI 33178 | _□ Remove |
| MGR | Jimmy S.Rivadeneira Alava | 10885 NW 89 Terrace # 220 | _ _ ■ Add |
| | | Doral FL 33178 | ☐ Remove |
| | | | |
| | | | T ≅ F & C |
| | | | Remove |
| | | | <u>क</u> क |
| | | | □ Add |
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| . It amending any other information | ion, enter change(s) here: (Attach a | aditional sheets, if necessary.) |
|---|---|--|
| | | |
| Effective date, if other than the (The effective date must be specific, cannot the date this document is filed by the Flo Dated 04/20 | t be prior to date of receipt or filed date and ca | (optional) annot be more than 90 days after |
| | Signature of a member or authorized represen Jimmy A. Rivaden Typed or printed name of sign | neira |
| | | 2 |

Page 3 of 3

Filing Fee: \$25.00