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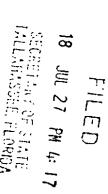
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COVER LETTER

TO:	Registration S Division of Co		·	
SUBJI	A & E AM	ERICAN SOLUTION, LLC		
aunai		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		ENDRYK MARTINEZ		
			Name of Person	
			Firm/Company	
		17431 NW 49TH AVEN	UE	
			Address	
		MIAMI GARDENS, FL 3	3055	
			City/State and Zip Code	
		MABROBUSINESSCON	SULTING@GMAIL.COM to be used for future annual report notif	S(*
For fun	her information e	oncerning this matter, please c		ication)
ENDR	YK MARTINEZ		786 335-4407	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$ 25	.00 Fifing 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 \mathbf{OF}

A & E AMERICAN SOLUTION, 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 05/06/2014 and assigned Florida document number _ L14000073752 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" 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

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

MGR JACINTA CHINEA 17431 NW 49 AVE Add MIAMI GARDENS, FL 33055 Remove Change Add Remove Add Remove Add Remove Add Remove Add Remove Change Add Remove Change Chang	Title	<u>Name</u>	<u>Address</u>	Type of Action
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Page 3 of 3

Filing Fee: \$25.00