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COVER LETTER

DISTIBUTI	ED SOLUTIONS LLC	
	Name of Limited Liability Company	-
The enclosed Articles of Art	mendment and fee(s) are submitted for filing.	•
Please return all correspond	lence concerning this matter to the following:	
	JUAN DIEGO RESTREPO	
	Name of Person	_
	·	
	DISTIBUTED SOLUTIONS LLC	·
	Firm/Company	_
	231 SW 116TH AVE APT 202	
	Address	
	PEMBROKE PINES FL 33025	
	City/State and Zip Code	_
	JONATHAN@GARZONSERVICES.COM	_
	E-mail address: (to be used for future annual report notification)	<u> 2</u> v 2
For further information con-	cerning this matter, please call:	2014 OCI
JUAN DIEGO REST	REPO 305 496-1033	CI 23
Name of P	erson Area Code Daytime Telephone Num	iber 💮 "
		AM DO
Enclosed is a check for the	following amount:	95 OF 36
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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**

DISTIBUTED SOLUTIONS LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our re- ed Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 10/03/2014	4 and assigned
Florida document number L14000157357		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
DISTRIBUTED SOLUTIONS LLC		
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		28
		DCT 2
Enter new mailing address, if applicable:	N/A	Sign W
(Mailing address MAY BE A POST OFFICE BOX)		
		95, 0
		36
B. If amending the registered agent and/or registered		ords, enter the name of the nev
registered agent and/or the new registered office address h	<u>ere</u> :	
Name of New Registered Agent: N/A		
New Registered Office Address: N/A		
How Rogistered Office Reduces.	Enter Florida street aa	ldress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	

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 Authorizéd Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBK = F	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	N/A		Add
			□ Remove
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N/A	
	(optional) nd cannot be more than 90 days after
he date this document is filed by the Florida Department of State)	(optional) nd cannot be more than 90 days after
he date this document is filed by the Florida Department of State) OCTOBER 20TH 2014	
Ciffective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State) Dated OCTOBER 20TH 2014 Signature of a member or authorized reproduction of the company of t	

Page 3 of 3

Filing Fee: \$25.00

