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(City/State/Zip/Phone #)

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CLERK OF STATE
TALLAHASSEE FLORIDA

OCT 27 2014
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DISTIBUTED SOLUTIONS 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 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)

For further information concerning this matter, please call:

JUAN DIEGO RESTREPO

Name of Person

at **305** **496-1033**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE

DISTIBUTED SOLUTIONS LLC

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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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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ALBUQUERQUE, NEW MEXICO

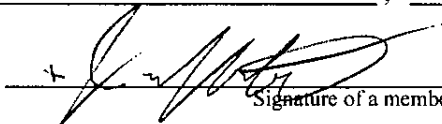
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 20TH, 2014



Signature of a member or authorized representative of a member

JUAN DIEGO RESTREPO

Typed or printed name of signee

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Filing Fee: \$25.00

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