L14000164283

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SURIFC		ENTERPRISES LLC		
JOBSEC		Name of Lim	ited Liability Company	
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Please ret	um all correspo	ndence concerning this matter	to the following;	
		CARLOS ARACENA		
			Name of Person	
		CARLSOL ENTERPRISE	S LLC	
			Firm/Company	
		7961 SW 5TH STREET		
			Address	-
		NORTH LAUDERDALE	FL 33068	
		CARLOS TO WA	City/State and Zip Code UG @ G M a / to be used for future annual report	notification)
For furthe	r information co			
Name of Person CARLSOL ENTERPRISES LLC Firm/Company 7961 SW 5TH STREET Address NORTH LAUDERDALE FL 33068 City/State and Zip Code CARLOSTO WING & GMAIN COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CARLOS - ARACENA at (754) Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: 28 \$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy				
Enclosed	is a check for th	e following amount:		
☎\$ 25.0	0 Filing Fec		Certified Copy	Certificate of Status &

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

CARLSOL ENTERPRISES 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 $\frac{10/20/2014}{10/2014}$ _____ and assigned Florida document number _ L14000164283 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 "L.L.C." 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

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

or	removed	from	our	records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AP	BLANCA ARACENA	7961 SW 5TH STREET	□Add
		NORTH LAUDERDALE, FL 33068	Remove
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