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JUN 05 2018

#### **COVER LETTER**

TO:	Registration Sec Division of Corp			
SLIR	JECT: MIAM	I SOLUTIONS GROUP, I	LLC	
30 B			ited Liability Company	
The e	enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspon	ndence concerning this matter	to the following:	
		MARL	YN GOMEZ	
			Name of Person	
		MIAMI	SOLUTIONS GROUP, LLC	
			Firm/Company	
		8042 NV	V 114 PL	
			Address	<del></del>
		MEDLEY	7, FL 33178	
			City/State and Zip Code	· • • • • • • • • • • • • • • • • • • •
			utionsgroup@gmail.com	
			to be used for future annual report notifi	cation)
For fi	urther information co	oncerning this matter, please or	all:	
Jo	ose Nieves		at (786 ) 303-98	71
	Name of	Person		Telephone Number
Enclo	osed is a check for th	e following amount:		
⊠ s	25.00 Filing 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 **OF**

## MIAMI SOLUTIONS GROUP, 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 \_\_07/30/2015 and assigned Florida document number \_\_\_\_L15000130270 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 "LLC." 8042 NW 114 PL Enter new principal offices address, if applicable: MEDLEY, FL (Principal office address MUST BE A STREET ADDRESS) 33178 SAME AS ABOVE 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 City 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ALEJANDRO RIVERA FRANQU	JEZ 8042 NW 114 PL	Add
		MEDLEY, FL 33178	Remove
			☐ Change
MGR	Jose M. Nieves	8042 NW 114 PC	
		8042 NW 114 PC Medley FC 33178	Remove
			Change
<del></del>			Add
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tive date, if other than the date of filing:IMMEDI ffective date is listed, the date must be specific and cannot be prior toIf the date inserted in this block does not meet the applicabment's effective date on the Department of State's records.	o date of filing or more than 90 days after filing.) Pursuant to 60
ecord specifies a delayed effective date, but not a e 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earl
May 31	<del>_</del> ·

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Typed or printed name of signee

Filing Fee: \$25.00