## UIS 000 177839

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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**S Warren JUL 2 6 2016** 

## **COVER LETTER**

то:	Registration Sec Division of Corp		•	
SUBJE		state Solutions, LLC		
SUBJE		Name of Lim	ited Liability Company	- 1-15 MENO 10
		Amendment and fee(s) are sub		
		Plamen Manolov		
			Name of Person	
		Law Office of Plamen Ma	nolov PA	
			Firm/Company	
		500 Winderley Place, Suite	e 320	
		-	Address	
		Maitland, FL 32751		
	•		City/State and Zip Code	
		plamen@manolovlaw.com	to be used for future annual report notifi	
For fur	ther information co	e-mail address: (		eation)
Christo	opher Stevens .		407 5588665	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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**

SNT Real Estate Solutions, LLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on	/12/2015 and assigned
Florida document number L15000137839	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	ere:
The new name must be distinguishable and contain the words "Limited Liability Company." the o	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	19 (22)
<u> </u>	<u> </u>
	देश हैं 🗔
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	S E
	AIE ORIO
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:  Enter Flo.	ida street address
	, Florida
City	Zip Code

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>	Address	Type of Action
MGRM	Plamen Manolov	500 Winderley Place, Ste 320	
		Maitland, FL 32751	■ Remove
			☐ Change
MGR	Christopher Stevens	1579 Auburn Hills Court	🖬 Add
		Tavares, FL 32778	☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Add
			Remove Change
			Remove 25

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~- <del>~</del>	
•	
`an ef <del>Note:</del> locun	tive date, if other than the date of filing:
e re The	90th day after the record is filed.
The	July 18 2016
The	July, 18  Signature of a member or authorized representative of a member
The	Signature of a member or authorized representative of a member
The	Signature of a member or authorized representative of a member
e re The	Signature of a member or authorized representative of a member

Filing Fee: \$25.00