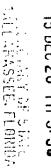
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: RORAIMA SERVICES + 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:		
HUMBERTO SILVANO Name of Person		
9793 Arbor Oaks In # 201		
Address Boca Radon FL 33 428 City/State and Zip Code		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		
Name of Person		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$\$\$\$\$\$		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Koraima Services	s and Solutions LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	_
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000165368</u> .	were filed on $09/29/2015$ and	d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:	9793 Arbor Oaks L	ane
(Principal office address MUST BE A STREET ADDRESS)	APT 201	
-	Boca Katon FL 339	128
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9793 Arbor Oaks Apt 201 Boca Raton, FL 33	Lane 3428
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the na</u> <u>e</u> :	me of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-4
	, Florida	- S
New Registered Agent's Signature, if changing Registered Agent:	City Zip C	ο(Κ) Ν
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	ee to act in this capacity. I further agree to co performance of my duties, and I am familian provided for in Chapter 605, F.S. Or, I this o	ewith and locument is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
5_	José A Parra	7940 NW 44th CT	W Add
		7940 NW 44th CT Coral Springs, FR 330	<i>6</i> 5 □ Remove
			Change
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date	(optional) e of filing or more than 90 days after filing.) Pursuant to 605.0
an effective date is listed, the date must be specific and cannot be prior to dat <u>nte:</u> If the date inserted in this block does not meet the applicable so becoment's effective date on the Department of State's records.	e of filing or more than 90 days after filing.) Pursuant to 605.0207 statutory filing requirements, this date will not be listed as
e record specifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the earlier of
The 90th day after the record is filed.	
pated,	
1000	
Signature of a member or authorized	representative of a member
HUHBENTO Sim	0.0
Trumammu 1112	CONTRACT.

Page 3 of 3

Filing Fee: \$25.00