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W. HARRIE

COVER LETTER

SOLLIEV	O SERVICES, LLC		
SUBJECT:		ited Liability Company	
	Name of Lim	шей Павину Сомрану	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for lifting.	
Please return all corresp	ondence concerning this matter	to the following:	
	EDUARDO MORALES		
		Name of Person	
	SOLLIEVO SERVICES, I	.LC	
		Firm/Company	
	14911 SW 80 ST APT		
		Address	
	MIAMI FL 33193		
		City/State and Zip Code	
	eduardomorales2604(a)yaho		
		to be used for future annual report notif	ication)
for further information (concerning this matter, please co	all:	
EDUARDO MORALES	si di	786 308-0342	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filling Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 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

SOLLIEVO SERVICES, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records. I Liability Company)	ì
The Articles of Organization for this Limited Liability Compan	y were filed on 11/19/2015	and assigned
Florida document number L15000195679		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	nility Company," the designation "LL,C"	or the abbreviation "E.I. C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		立 度
Catan and an War address of an electric		SS: 10
Enter new mailing address, if applicable:		
Muiling address MAY BE A POST OFFICE BOX)		<u> </u>
		77 H C
		2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the ne
N CN CN LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	Flor	
	City	Zip Code

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUAN RUBEN DEL RIO	14911 SW 80 ST APT 217	■ Add
		MIAMI FL 33193	
			Remove
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and the second of the second of the second	of filing:	of filing or more than 90 da	(optional) ays after (fling.) Pursuant	to 605.020
<u>ote:</u> If the date inserted in this block d	loes not meet the applicable st	latulory filing requireme	ms, this date will not o	e listed :
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Filing Fee: \$25.00