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| PICK-UP | MAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| FO: Registration S Division of Co | | | |
|-----------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 24 142 442 6200 | CAN, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | ARNALDO MARANTE | | |
| | SOL VOLCAN, LLC | Name of Person | |
| | 4632 NW 114TH AVE. U | Firm/Company NIT 807 | |
| | | Address | |
| | CSCONG E-mail address: | City'State and Zip Code one Doluble to be used for future annual report notifi | v. Com |
| For further information (| concerning this matter, please c | all: | |
| ARNALDO MARANT | E | 786 661-9546 at () | |
| Name | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| □ \$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:

TO:

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

| SOL VOLCAN, ELC | lite Campanian it non annuar an annuar | |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------|
| (A Florid | lity Company as it now appears on our records la Limited Liability Company) | <u>.</u>) |
| The Articles of Organization for this Limited Liability (| | and assigned |
| Florida document number 1.16000022480 | <u></u> . | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lir | nited Liability Company," the designation "ELC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADD | RESS) | :-2 |
| | | |
| | | ? |
| Enter new mailing address, if applicable: | | <u>, 5</u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or regi registered agent and/or the new registered office add | | enter the name of the |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flo | rida |
| | City | rida 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:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------|------------------------------------------------|----------------|
| MGR | MIRBETH GONZALEZ | 4632 NW 114TH AVE, UNIT 807 DORAL, FL 33178 | |
| | | | ■ Remove |
| | | | 🗖 Change |
| MBR | OSCAR GOMEZ | 4632 NW 114TH AVE, UNIT 807 DORAL, FL 33178 | D Add |
| | | | ■ Remove |
| | | | Change |
| MGR | ARNALDO MARANTE | 4632 NW 114TH AVE, UNIT 807 DORAL, FL 33178 | |
| | | | ☐ Remove |
| | | | ☐ Change |
| MBR | MANUELA OCHOA | 4632 NW 114TH AVE, UNIT 807 DORAL, FL 33178 | ■ Add |
| | | | ☐ Remove |
| | | | Change |
| | | | 2 Add) |
| | | | Remove |
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| | | | Remove |
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| fective date, if other than the date of filing: 11/15/2018 (optional) n effective date is listed, the date must be specific and control be prior to date of filing or more than 90 days after filing.) Pursuant to 695.05 tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed current's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the 90th day after the record is filed. Signature of a member or authorized representance of a member | | ······································ | | <u> </u> | | | | |
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Page 3 of 3

Filing Fee: \$25.00