116000044620

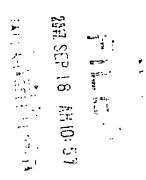
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
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S. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	; []
SUBJECT: Solution	Houses LLC
Name of	f Limited Liability Company
The enclosed Articles of Amendment and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this m	 atter to the following:
	oseph Villate
	oseph Villate Name of Person Villate CPA
7/	TO 0.11 1 1 1 #500
	Address
	ova Gables FL 33134
America	Address Address Dra Gables FL 33/34 City/State and Zip Code Trade a Comcast, Net ess: (to be used for future annual report notification)
For further information concerning this matter, ple	 ase call:
Joseph Villate	at (305) 54/- 47/4 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Certificate of State	

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

FLORIDA DEPARTMENT OF STATE

Division of Corporations

August 29, 2017

JOSEPH VILLATE 250 CATALONIA AVE, STE 506 CORAL GABLES, FL 33134

SUBJECT: SOLUTION HOUSES LLC

Ref. Number: L16000044620

We have received your document for SOLUTION HOUSES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00017784

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solution	Houses	: LL	<u>_</u>			
(<u>Nume of the Limi</u>	ted Liability Company (A Florida Limited Lial	as it now appear	s on our records.)			
The Articles of Organization for this Limited L. Florida document number <u>L. 16</u> © OOC		ere filed on	03/01/20	216 a	and ass	igned
Florida document number 16 9000	<u>?77₩</u> &U					
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	f the limited liabilit	y company he	<u>re</u> :			
	<u> </u> -					
The new name must be distinguishable and contain the	words "Limited Liability	Company," the d	esignation "LLC" or the	abbrevia	tion "L.l	L.C."
Enter new principal offices address, if appli	able:					
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>					<u> </u>
	_				<u> </u>	<u> </u>
					8	:
Enter new mailing address, if applicable:	-		·	33	257	
(Mailing address MAY BE A POST OFFICE	BOX)			·	Ö	
	-			1 2 .	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of		ee address on	our records, ent	er the i	name	<u>of the ne</u>
Name of New Registered Agent:						
New Registered Office Address:		Enter Flor	ida street address			
	·	City	, Florida		n Code	
		Crip		2.4	, CORP	

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 Au or removed fro	uthorized Person(s) authorize om our records:	d to mana	ge, enter the title, name, and address of each r	person being added
MGR = Man: AMBR = Auth	ager orized Member			
<u>Title</u>	Name		Address	Type of Action
MGR	Hector L)	lanes	12515 SW III Ave Miami, FL 33176	🗅 Add
	/		Miami, FL 33176	Remove
				Change
MGR	USDISSA L	LC	1549 NE 123 rd ST	Add
			North Miami, FL 3316,	□ Remove
				Change
				□ Add
				_□ Remove
				_□ Change
				Add
				_□ Remove
			- Inches of the Control of the Contr	_ Change
		 <u> </u> 		_0.5dd =
			هر کران به درین مراجع	_CRemove
				E Change
			,	
				_□ Remove
				_□ Change

. If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
	i 1
	
-	
Effective date, if other than the date of fil (If an effective date is listed, the date must be specific Note: If the date inserted in this block does not document's effective date on the Department of	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) meet the applicable statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective) The 90th day after the record is file	 e date, but not an effective time, at 12:01 a.m. on the earlier of: ed.
Dated 9/14/17	A SEP
(/ -	Jose of Villate Accountant (Authorized Representative of a member Typed or printed name of signee
	- CT
	D 2 2

Page 3 of 3

Filing Fee: \$25.00