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JUN 1 6 2020

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COVER LETTER

	, SOLUTIONS SERVICES, LL	С		
Name of Limited Liability Company				
he enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
	ondence concerning this matter to			
	FERNANDO SILVA			
		Name of Person		
	SKYTRUST ENTERPRISE	E. LLC		
		Firm/Company		
	123 NW 13TH ST #304-7			
		Address		
	BOCA RATON, FL 33432			
		City/State and Zip Code		
	FERNANDO@SKYTRUST	ENTERPRISE.COM o be used for future annual report notification		
			'	
for further information (concerning this matter, please ca	ill:		
FERNANDO SILVA		561 463-2557 at ()	29	•
Name	of Person	Area Code Daytime Telep	hone Number	
Enclosed is a check for	the following amount:		ឧ	:
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Sertificate of Status & 20 Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONTRACTOR STATE

ROCK B.A. SOLUTIONS SERVICES, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	were filed on $\frac{05/11/2011}{2011}$	<u> </u>	_ and assigned
Name of New Registered Agent: New Registered Office Address: Enter Florida street address			
This amendment is submitted to amend the following:	ment number 1.16000092092 ment is submitted to amend the following: ding name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" principal offices address, if applicable: Office address MUST BE A STREET ADDRESS; mailing address, if applicable: Offices MAY BE A POST OFFICE BOX; ding the registered agent and/or registered office address on our records, enter the name of the new registered or the new registered office address here: Indeed Sew Registered Agent: Enter Florida street address Enter Florida Tep Code Tip Code Tip Code Tep Code		
his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida attreet address City Tip Code New Registered Agent's Signature, if changing Registered Agent: Under the proprietory of the proprietory of the proprietory with the			
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words" and Contain the words are contained to the Contain the Words and Contain the Words and Contain the Words and Contain the Words and Contain the Words are contained to the Contain the Words and Contai	ity Company," the designati	on "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered office a	address on our record:	s, <u>enter the name</u>	of the new registered
agent and/or the new registered office address here:			
SV CN D C LA COM			
Name of New Registered Agent.			
New Registered Office Address:	Enter Florida stre	eet address	
		Inid	
	City	, riorida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	ee to act in this capac performance of my d provided for in Chapt	uties, and Lam Ja er 605, F.S. Or, i	mitiar with and Cthis document is
being filed to merely reflect a change in the registered office	audress, i nercoji cor	yan am ac an	

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	BARBARA MEDERO	811 LYONS RD #20-107	
		COCONUT CREEK, FL 33063	■Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
		<u></u>	Change
			🗀 Add
			□Remove
			□ Change
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			🗆 Add
		·	□Remove
			□Change

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d is filed.	The tive date, if other than the date of filing:			<u> </u>				
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Filing Fee: \$25.00