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(Ad	dress)	,
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AUG 1 0 2016

S. YOUNG

COVER LETTER

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TO: Registration Section Division of Corporations		
SUBJECT: Solid Maintenance 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:		
Anibal Comez Name of Person		I'A'I
Solid Maintenance Firm/Company	16 AUG -8	LLAHASS
9088 NW 55 th Street	PH 12: 00	FE, FLORIDA
Sunrise FL 33351 City/State and Zip Code	0	> -
leon @ Sclidmaintenance 1. com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Anibal Gomez at (954) 529-1206 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified C	of Status &	

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

Solid Maint	enance LLC	records)
(Aanse of the Limited) (A	Liability Company as it now appears on our Florida Limited Liability Company)	<u>.</u>
The Articles of Organization for this Limited Liab Florida document number <u>し 1(c 0001</u>		20 16 and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company" the decignation	S (2)
Enter new principal offices address, if applicab		TELEC OF THE ABBIEVIAL PARTY AND ALL PARTY A
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		FLORIDA 12: 00
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or	registered office address on our re	ecords, enter the name of the new
registered agent and/or the new registered offic		
Name of New Registered Agent:	Anibal Gor	1e2
New Registered Office Address:		
	Enter Florida street	address
	City	, Florida 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MCR	Swelenn Gomez	9088 NW 55th Street	□ Add
		Sunrise, FL 33351	Remove
			Change
MUR	Anibal Gomez	9088 NW 55th Stree-	•
		Sunrise, FL 33351	FRemover AHAGE TANY
			PLATE STATE STEEL FLORIDE
			Change
			□ Add
		<u></u>	□ Remove
			Change
			□ Add
			□ Remove
			Change
		- · 	Add
			□ Remove
			□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if neces	ssury.)	
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	PM 12) 00	
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Effective date, if other than the date of filing: (option of the date of filing or more than 90 days after file	nal)	0203
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be liste	ed as
document of criteciae and on the Department of State 5 records.		
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.	.m. on the earlie	er o
The 90th day after the record is filed.		
Dated August 8 , 2016.		
Signature of a member or authorized representative of a member		
V 1. 1 G . 10		

Page 3 of 3

Filing Fee: \$25.00