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SECRETARY OF STATE TAIL AHASSEE, FLORID

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COVER LETTER

TO:	Registration Se Division of Cor			
CHD I	BLE Solution	ons LLC		
อดคำ	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Federico Berrios		
		,	Name of Person	
			Firm/Company	
		13917 Eliot Ave		
		 	Address	
		Orlando, FL 32827		
		fbc246@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	irther information c	oncerning this matter, please co	all:	
Feder	ico Berrios		407 530-8710 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
□ \$2	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:

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

BLE Solutions LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/27/2016 _ and assigned Florida document number _____1.16000141190 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Federico Berrios LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter 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 office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	Federico Berrios Lopez	9161 S. Narcoossee Rd.	
MGR		, , , , , , , , , , , , , , , , , , , ,	≡ Add
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effective date is listed, the date mu	ust be specific and cannot be prior	r to date of filing or more tha	an 90 days after filing	g.) Pursuant to 605.02
e: If the date inserted in this but the line of the I	Slock does not meet the applications of State's records	cable statutory filing requ	urements, this date	will not be listed
ument 3 effective date on the f	Department of State 3 records	•		
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	Signature of a member or auth	orized representative of a n	nember	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00