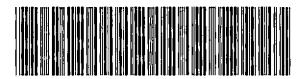
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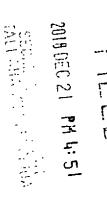
(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO:	Registration Se Division of Cor			2 5
CHRI		EN SOLUTION SERVICES 1	LC	
SUDJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		PASCALE NICOLE CAR	VALLO	
			Name of Person	
		S & N SOLUTION SERV	ICES LLC	
			Firm/Company	
		2162 LEATHER FERN DI	R	
			Address	
		OCOEE FL 34761		
		pascalenicolecarvallo@gma	City/State and Zip Code ail.com	
		E-mail address: (to be used for future annual report notifi	ication)
For fu	rther information c	oncerning this matter, please ca	all:	
PASC	CALE NICOLE CA	RVALLO	321 240-5699 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

S & N SOLUTION S	RVICES LLC	
(<u>Name of the Limited Liabil</u> (A Florid	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number <u>L16000166132</u>	ompany were filed on and ass	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ted liability company here:	
The new name must be distinguishable and contain the words "Lir	ted Liability Company," the designation "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applicable:	2162 LEATHER FERN DR	
(Principal office address MUST BE A STREET ADD	ESS) OCOEE FL 34761	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME SAME	
registered agent and/or the new registered office add		of the n
Name of New Registered Agent: SAM		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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, <u>enter the title, name, and address of each person_being adde or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Name</u>		<u>Address</u>	Type of Action
AXEL RA MOLINA	MON GONZALEZ	3017 REDWOOD NATIONAL DR #4708 ORLANDO FL 32837	 ∧dd
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			Change
	<u> </u>		
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			Change
			Add
			Remove
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			□ Remove
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(If an effe	ve date, if other the etive date is listed, the lifthe date inserted in ent's effective date of	date must be specific n this block does no	and cannot be proof meet the app	dicable statutory	or more than 90 c filing requireme	_ (optional) lays after filing.) Pr ents, this date wi	irsuant to 605.0207 If not be listed as
the rece) The	ord specifies a c 90th day after t	lelayed effective the record is file	e date, but i ed.	not an effect	ive time, at 1	2:01 a.m. on	the earlier of
Dated_	DECEMBER 18TH	_	2018				
_			$\overline{}$				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00