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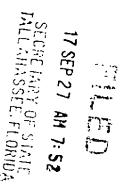
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COVER LETTER

	_	tration Sec on of Corp				
CHDIEC			e Solutions, Llc.			
SUBJEC	,l; <u> </u>	-		ited Liability Company		
The encle	osed A	rticles of A	mendment and fee(s) are sub	mitted for filing.		
Please ret	turn al	l correspon	dence concerning this matter	to the following:		
			Jhojan Munoz			
				Name of Person		•
			Cable & Wire Solutions, I	Jc.		
				Firm/Company	· · · · · · · · · · · · · · · · · · ·	
			1301 Santa Rosa Drive Ap	ot 304		
				Address		
			Kissimmee, Fl 34741.			
				City/State and Zip Code		
			tmitaxinfo@gmail.com			
			·	to be used for future annual rep	oort notification)	
For furthe	er info	rmation cor	acerning this matter, please co	all:		
Jhojan M	lunoz			407 506-4		
		Name of I	Person	at () Area ('ode	Daytime Telephone Number	
Enclosed	is a ch	eck for the	following amount:			
\$25.0	0 Filir	ig Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cable & Wire Solutions, LLc.						
(Name of the Limite	d Liability Comp A Florida Limited	nny as it now appears on o Liability Company)	our records.)			
The Articles of Organization for this Limited Lia Florida document number L16000168289	ability Company	were filed on	016	and assigned		
This amendment is submitted to amend the following	wing:					
A. If amending name, enter the new name of	the limited liab	oility company here:				
n/a						
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designa	tion "LLC" or the al	obreviation "L.L.C."		
Enter new principal offices address, if applica	ble:	1301 Santa Rosa Driv	c Apt 304			
(Principal office address MUST BE A STREET	ADDRESS)	Kissinmee, Fl 34741.				
			<u> </u>			
Enter new mailing address, if applicable:		1301 Santa Rosa Driv	re Apt 304			
(Mailing address MAY BE A POST OFFICE B	applicable.					
B. If amending the registered agent and/or registered agent and/or the new registered office Address: New Registered Office Address:	Jhojan Munoz	ffice address on our e: sa Drive Apt 304		the name of the SECRETARY OF		
	Kissimmee	Oth.	, Florida <u>34</u>	74195		
		City		Zin 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

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
MGR	GUILLERMO FERNANDEZ	15618 61TH TERRACE	
		MIAMI, FL 33193	E1 v
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			Add
			☐ Remove
			Change
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Effective date, if other	than the date o	f filing:	prior to date of f	ling or more than 9	(optional)	.) Pursuant to	o 605.02
Note: If the date inserted document's effective dat	I in this block doe	s not meet the ag	plicable statut	ory filing require	ments, this date	will not be	listed :
ne record specifies a The 90th day after			not an effe	ctive time, at	12:01 a.m.	on the e	arlier
Dated		,	<u>·</u>				
			III	July			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00