## 11600)168289

(Re	questor's Name)	
bA)	dress)	<del></del>
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(Bu	siness Entity Name	)
(Do	ocument Number)	
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## **COVER LETTER**

CUD IL CT.	Vire Solutions, L.Le.		
SUBJECT:	Name of Lim	ited Liability Company	•
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jhojan Munoz		illing.  wing:  c of Person  //Company  dddress  c and Zip Code  or future annual report notification)  407
		Name of Person	
	Cable & Wire Solutions, L	Le.	
		Name of Person  ons. LLc.  Firm/Company  ve. Apt 304  Address  1.  City/State and Zip Code  1.com  ress: (to be used for future annual report notification)  rase call:	
	1301 Santa Rosa Drive. Ap	ot 304	
		Address	
	Kissimmee, FL 34741.		
	jhojanmunoz@hotmail.com	•	
			notification)
For further information	concerning this matter, please ca	all:	·
Jhojan Munoz			;
Name	of Person	Area Code Day	time Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

Cable & Wire 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  $\stackrel{09/08/2016}{-}$ and assigned Florida document number L16000168289 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: n/aThe 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 Cin

## 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, 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>	Address	Type of Action
MGR	Johana Balvin Gomez	3753 Grandewood Blvd Apt 424	🗆 Add
		Orlando, FL 32837.	- ☐ Remove
			□ Change
MGR	Freddy A. Viera Osorio	3753 Grandewood Blvd Apt 424	
		Orlando, FL 32837.	≅ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			Remove
	•		Change
****	<del></del>		
			☐ Remove
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	<u>,</u>	<del></del>	.5 %.
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		PH 12:	
	•		
Effec	tive date, if other than the date of filing: (optional fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.	) or ) Pursuant to	605 ()20°
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this dat nent's effective date on the Department of State's records.	e will not be	listed as
ne re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m	on the ea	ırlier o
The	e 90th day after the record is filed.		
Dated	06/22/2018		
	Signature of a member or authorized representative of a member  Jhojan Munoz		

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Typed or printed name of signee

Filing Fee: \$25.00