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J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ZER Solutions LLC  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:
Esteban Reys Name of Person
ZER Soldians LLC Firm/Company
2849 NE 1st Dive
City/State and Zip Code  CStebanreyes 2Qyalus. Com  E-mail address: (to be dised for future annual report notification)
For further information concerning this matter, please call:
Esteban Reyes  Name of Person  at (954) 709-3034  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 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 Taliahassee, 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

ZER Solutions	LLC	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comparing Articles of Organization for this Liability Comparing Articles of Organization for this Articles of Organization for the Organization for this Articles of Organization for the Organization	any were filed on <u>December</u> 20,	, 2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I  Esteban Reyes LLC  The new name must be distinguishable and contain the words "Limited L		bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	NA	
		7
* **		American Marting and the state of the state
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	NA	<u> </u>
		2 And Control of the
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	· · · · · · · · · · · · · · · · · · ·	the name of the new
Name of New Registered Agent:	NA	<u>_</u>
New Registered Office Address:	N A  Enter Florida street address	<del></del>
	, Florida	
- And	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

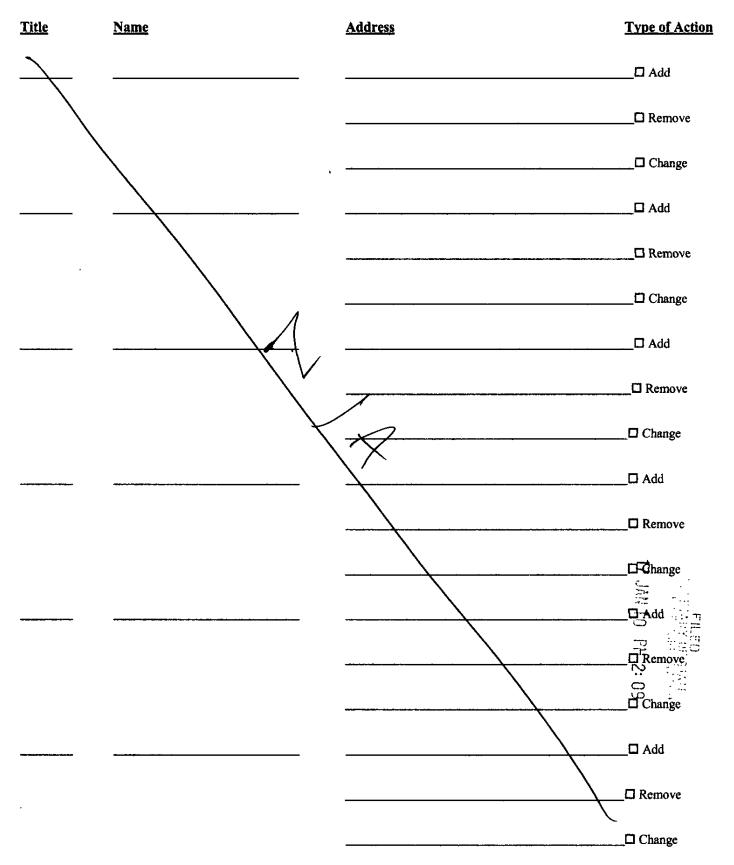
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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



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			(optional)	
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Filing Fee: \$25.00