L17000028965

(Re	questor's Name)	
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SUBJ	FCT.	Solution Fa	actory LLC				SECHERIZE FLOR
300,	1501.		Name of Lim	nited Liability Company			
The e	nclosed	l Articles of .	Amendment and fee(s) are sub	omitted for filing.			
Please	ereturn	all correspo	ndence concerning this matter	to the following:			
			Eduardo Munoz				
				Name of Person			
	Firm/Company 11 Camelot Ct #1J						
				Address			
	Brighton, MA 02135						
				City/State and Zip Code			
			emunoz@solutionfactory				
			E-mail address: (to be used for future annual report notification	ation)	_	
For fu	rther in	iformation co	oncerning this matter, please c	all:		TALL SECT	
Edua	rdo M			857 498-1612 at ()		10000000000000000000000000000000000000	FIL
		Name of	î Person	Area Code Daytime T	Celephone Number	SEET. FL	ED
Enclos	sed is a	check for th	e following amount:				
\$2	25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	•

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

Solution Factory 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 $\frac{02/06/2017}{}$ and assigned Florida document number L17000028965 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 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
AMBR	Eduy Quevedo	109 Brainerd Rd #9	≅ Add
		Aliston MA 02134	П. В
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	- J.A C. (*1'			(
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If the date inserted in this b ment's effective date on the I	lock does not meet the	e applicable statu	tory filing requirem	ents, this date will not be	listed
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Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00