## 117000050048

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Solution Fleet Maintenance 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:

Registration Section Division of Corporations

> Freddie DIXOV Solution Fleet Maintenance LLC 8751 SW 1046 St Address Pembroke Pines Fl 33025

Solution Fleet @ gmx. com
E-mail address: (to be used for furtre annual report notification)

For further information concerning this matter, please call:

at (954) 594 3120
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$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

Solution Fleet Mai	tenance LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	t now appears on our records.) ity Company)	<del></del>
The Articles of Organization for this Limited Liability Company v Florida document number <u>L17000650048</u> .	e filed on March 3, 2017	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ompany," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		18 LEG
(Principal office address MUST BE A STREET ADDRESS)		TA ARE
		- SP -
		PM
Enter new mailing address, if applicable:		FLO FLO
(Mailing address MAY BE A POST OFFICE BOX)		ATE IRIDA
B. If amending the registered agent and/or registered off	address on our records, enter th	e 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	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	formance of my duties, and I am fan ided for in Chapter 605, F.S. Or, if	niliar with and this document is

Page 1 of 3

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							
Title	Name	Address	Type of Action				
VP	David H Jasper	8751 SW 10th St Pembroke Pines, F1 3307	□ Add				
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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		01	Ç-(''
(If an e Note:	tive date, if other than the date of filing:  [(optional)]  [ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliese 90th day after the record is filed.	er of	:
Dated	February 14, 2018.		
	Signature of a member or authorized representative of a member		
	Freddie J DIXON Typed or printed name of signee		
	Typed or printed name of signce		
	Page 3 of 3		
	Filing Fee: \$25.00		