

L17000202584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

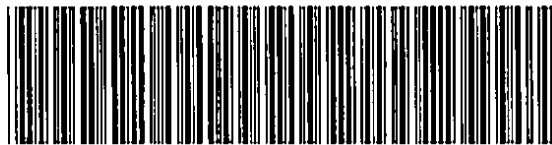
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE

2013 APR - 2 P 12:00

FILED

APR 12 2013
T. LEMIEUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOLVEX AMERICA, 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:

Richard L. Wise, Esquire

Name of Person

Counsellor at Law

Firm/Company

51 Washington Square North

Address

Salem, Massachusetts 01970

City/State and Zip Code

rlw@wiseadvice.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard L. Wise

978 594-0678
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED

SOLVEX AMERICA, LLC

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company))

2018 APR -2 P 0:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
September 09, 2018

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L17000202584.

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)

C/O SOLVEX DOMINICANA, S.R.L

Calle Eugenio Deschamps #6, La Castellana, 10133

Distrito Nacional, Republica Dominicana

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O Bernice Betances, Manager

119 Kensington Way

West Palm Beach, Florida 33414

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 Zip 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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Laisa M Diaz		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stanley R Lara Perez	Calle Erwin Walter #13; Apto 1201; Verdi Paraiso;	<input checked="" type="checkbox"/> Add
		Ensanche Paraiso, 11202; Distrito Nacional; Republica Dominicana	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Solvex Dominicana, S.R.L.	Calle Eugenio Deschamps #6	<input checked="" type="checkbox"/> Add
		La Castellana, 10133	<input type="checkbox"/> Remove
		Distrito Nacional, Republica Dominicana	<input type="checkbox"/> Change
MGR	Bernice Betances	119 Kensington Way	<input checked="" type="checkbox"/> Add
		West Palm Beach, Florida 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

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Filing Fee: \$25.00