

11/05/2024, 19:41

Division of Corporations

L17000243048

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : EAST COAST MULTISERVICE INC  
Account Number : I20230000142  
Phone : (305)631-2190  
Fax Number : (786)713-1965

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SOLINCORP AMERICA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

M. SOLOMON

JUN 12 2024

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Corporate Filing Menu

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLINCORP AMERICA 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 11/27/2017 and assigned Florida document number 117000243048.

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 "LLC."

Enter new principal offices address, if applicable:

3847 NE 168TH ST APT 3C

(Principal office address MUST BE A STREET ADDRESS)

NORTH MIAMI BEACH, FL 33160

Enter new mailing address, if applicable:

3847 NE 168TH ST APT 3C

(Mailing address MAY BE A POST OFFICE BOX)

NORTH MIAMI BEACH, FL 33160

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:

MEDICONT ADVISERS LLC

New Registered Office Address:

3847 NE 168TH ST APT 3C

*Enter Florida street address*

NORTH MIAMI BEACH

Florida 33160

*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.*

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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	MEDCONT ADVISERS LLC	3847 NE 168TH ST	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CONTADOR MANAGEMENT SERVICES INC	1549 NE 123RD ST	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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