118000029458

(Requestor's Name)
(Address)
(Address)
(,
(0) (0) (1)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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TO STANK OF STANK OF

NOV -8 2019 M. SOLOMON



October 11, 2019

PAOLA VIZCARRA-CHAVEZ 9661 SW PURPLE MARTIN WAY STUART, FL 34997

SUBJECT: TRES SLOLUTIONS, LLC

Ref. Number: L18000029458

We have received your document for TRES SLOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name unavailable, conflict document number is L15000135049. Three Solutions, LLC

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 519A00012820

Mel Solomon Regulatory Specialist II Supervisor



June 25, 2019

PAOLA VIZCARRA-CHAVEZ 9661 SW PURPLE MARTIN WAY STUART, FL 34997

SUBJECT: TRES SLOLUTIONS, LLC

Ref. Number: L18000029458

We have received your document for TRES SLOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name unavailable, conflict document number is L15000135049.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 519A00012820

Dionne M Scott Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Co	rporations		
TRES SLO	DLUTIONS, LLC		
, object.	Name of Lin	nited Liability Company	
The control of A of I			
ine enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp-	ondence concerning this matter	to the following:	
	PAOLA VIZCARRA-CI	IAVEZ	
		Name of Person	
	TRES SLOLUTIONS, LI	.C	
		Firm/Company	
	9661 SW PURPLE MAR	TIN WAY	
		Address	
	STUART, FL 34997		
	enid@carlosramirezea.com	City/State and Zip Code	
	E-mail address:	to be used for future annual report notif	ication)
For further information of	concerning this matter, please o	all:	
PAOLA VIZCARRA-CHAVEZ		772 324-0342	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fec.
2 025.00	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

TRES SLOLUTIONS, LLC

(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L18000029458	Company were filed on 02/01/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
THREE SOLUTIONS PV, LLC		291
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	4.55
		2
		35
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	istered office address on our records, <u>enter</u> <u>dress here</u> :	the name of the new
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> Name Address Type of Action □ Add ☐ Remove ☐ Change □ Add □ Remove __ Change _□:Remove Change H Ō Ādd 示 ☐ Remove ☐ Change D Add _□ Remove ☐ Change _□ Add _□ Remove

ARTICLE I: THE NAME OF THE LIMITED LIABILITY COMPANY IS:		-
Three Solutions PV ILC		-
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	<u> </u>	NO.
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. The date inserted in this prock does not incertine applicable stanifory filling required	(optional) days after filing.) Pursuant to 605. ments, this date will not be lister	-8 Fit 4: 12
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 E: If the date inserted in this block does not meet the applicable statutory filing requirent iment's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 605. nents, this date will not be liste	.0207 (3 ed as th
record specifies a delayed effective date, but not an effective time, at	13.01	_
The 90th day after the record is filed.	12.01 a.m. on the earlie	r or:
ed OCTOBER. 24 2019 Signature of a member of authorized representative of a member of a	er	
PAOLA VIZCARRA-CHAVEZ	ei	
FAULA VIZUARRA-CHĄVĘZ		

Page 3 of 3

Filing Fee: \$25.00