

L18000029458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

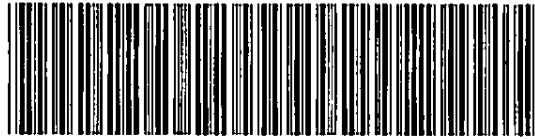
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



100330381901

06/10/19--01020--008 **25.00

2018 NOV -8 PM 4:11

17

NOV -8 2019

M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2019

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

SUBJECT: TRES SLOLUTIONS, LLC
Ref. Number: L18000029458

2019 OCT -9 PM 1:07

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.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 519A00012820



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 519A00012820

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRES SLOLUTIONS, 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:

PAOLA VIZCARRA-CHAVEZ

Name of Person

TRES SLOLUTIONS, LLC

Firm/Company

9661 SW PURPLE MARTIN WAY

Address

STUART, FL 34997

City/State and Zip Code

enid@carlosramirezea.com

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

For further information concerning this matter, please call:

PAOLA VIZCARRA-CHAVEZ

772
at ()

324-0342

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2018 NOV - 8 AM 4:12
FILED
CLERK OF COURT
JULIA A. BROWN
CLERK OF COURT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ARTICLE I: THE NAME OF THE LIMITED LIABILITY COMPANY IS:

Three Solutions PV, LLC

2019 NOV -8 PM 4:12
CLERK OF SUPERIOR COURT
STATE OF ARIZONA

-FILED

E. Effective date, if other than the date of filing: _____ (optional)

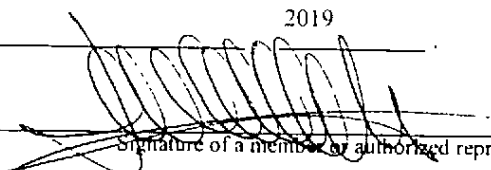
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated OCTOBER, 24

2019



Signature of a member or authorized representative of a member

PAOLA VIZCARRA-CHAVEZ

Typed or printed name of signee