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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

TO:	Registration Se Division of Cor			
SHO IV) SOLUTION, LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
rieuse r	eturn an correspo	ndence concerning this matter	to the following.	
		DISNEY GOMEZ ACOST	TA .	
			Name of Person	
		-	Firm/Company	
		PO BOX 441871		
			Address	
		MIAMI, FL 33144		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please co	all:	
DISNE	Y GOMEZ ACO:	STA	786 3272712	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

TO:

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

D&D AUTO SOLUTION, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.18000047423}{1.18000047423}$	were filed on 02/22/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12355 SW 129 CT UNIT 102	
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33186	7 8 July 8 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		동목
Enter new mailing address, if applicable:	12355 SW 129 CT UNIT 102	COMPO
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33186	= 15 A
		9
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the no
Name of New Registered Agent: N.A		
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>	Address	Type of Action
MGR	DEYANIRA HIDALGO MACHA do	PO BOX 441871	
		PO BOX 441871	☐ Remove
			■ Change
MGR DISNEY GOMEZ ACOSTA	DISNEY GOMEZ ACOSTA	PO BOX 441871	
		MIAMI, FL 33144	□ Remove
			Add
			□ Remove
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fective date, if other than the neffective date is listed, the date mute: If the date inserted in this becument's effective date on the E	st be specific and cannot be prior to date of filing or n lock does not meet the applicable statutory filir	(optional) nore than 90 days after filing.) Pursuant to 605.02 ng requirements, this date will not be listed
record specifies a delaye The 90th day after the rec	d effective date, but not an effective ford is filed.	time, at 12:01 a.m. on the earlier
ted MAY .29	2018	
	Jun 1	
	Signature of a member or authorized representative	

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Filing Fee: \$25.00