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SEURLIARY OF STATE ALLAHASSEE, FLORIDA

2018 APR 10 AM 10: 2

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: 5.0.L. Enterprise Grand 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:
manuel R Usquiola 5R
SAMe
Firm/Company
9817 oaks St
Address
Tamla f 33635
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
manuel R Ugliob +R a1 813, 965 8719
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S. O.L ENTERPRISE GROUP LLC

(A Plorid	da Limited Li	ability Company)	S ON OUR F	ecorus.)		
The Articles of Organization for this Limited Liability Florida document number <u>L 180000 7975</u>		vere filed on <u> </u>	MARCI	1 28,	20 8 _a	nd assigned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	nited liabil	ity company he	ere:			
The new name must be distinguishable and contain the words "Li	mited Liabilit	y Company," the d	esignation	"LLC" or	he abbreviati	ion "L.IC."
Enter new principal offices address, if applicable:		9817	04	KS	ST.	
(Principal office address MUST BE A STREET ADD	<u>ORESS)</u>	TAM	1, 49	-1-	3635	
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 off ldress here	ice address on	our rec	cords, e	SSEE, FE ORID	APP
Name of New Registered Agent:	M	ANUEL	R.	ura	UIDLA	_
New Registered Office Address:	98	BIT OA'	⊁_S rida street c	⊈†.		
	TA	City		Florid	a <u>33</u>	635 Code
New Registered Agent's Signature, if changing Register	red Agent:					
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete pagent as progenities of the contraction o	performance of rovided for in C	my dutic Chapter (by confir	es, and I 605, F.S m that ti	am familia Or, if this	ar with and : document is liability

Page 1 of 3

	Authorized Person(s) authorized to mana from our records:	age, enter the title, name, and address d	each person being added
MGR = M			
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MANUEL R. URQUIOLA	9817 DAKE ST.	\ Add
		TAMPA, FL 33635	□ Remove
			Change
MER	MARISOL SANCHEZ	9917 OAKS ST.	Add
		TAMPA, FL 33675	Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			□ Remove
			Change
			□ Add
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an effe lote: 1	tive date, if other than the date of filing:	r f il ing.) Pu	rsuant to 6 not be li	05,020 isted as
	rd specifies a delayed effective date, but not an effective time, at 12:01 of the day after the record is filed.	a.m. on	the ear	rlier o
ated _	Signature of a member or authorized terrescriptive of a member			
	MANUEL R. URQUIOLA JR Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00