## L18000089398

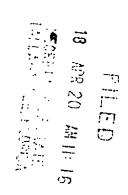
(ке	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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	istration Se ision of Cor			
SUBJECT:	Vylla Solor	a L.I.C		
String C.		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Joao Pedro Volz		
			Name of Person	
		VDT Corporate Services L	I.C	
		<u> </u>	Firm/Company	
		150 SE 2nd Ave., #905		
			Address	<del></del>
		Miami, FL 33131		
			City/State and Zip Code	
		management@vdtinternatio		<del></del>
			to be used for future annual report notif	ication)
For further ii	iformation co	oncerning this matter, please ca	ill:	
Joao Pedro 1	Volz		305 503-9867	
	Name of	Person	at ()	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

vyna Soiora LEC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it <u>now appears on our recort</u> I Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Compar Florida document number L18000089298	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	6
Vylla Solara LLC		景 卫
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		1,0 =
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our record	s, enter the name of the ne
Name of New Registered Agent:	<del></del>	<del></del>
New Registered Office Address:	Enter Florida street addres	SX
		•
<del></del>		orida
	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
			Add
		<del></del>	☐ Remove
			☐ Change
		<del></del>	Add
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an effective date is listed, the date must	date of filing:
e record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at $12\colon\!01$ a.m. on the earlier of ord is filed.
17th of April	2018
	Signature of emember or authorized representative of a member
	Signature of Specimber or authorized representative of a member  Jego Pedro Volz

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Filing Fee: \$25.00