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SECRETARY OF STATE DIVISION OF CORPORATION

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COVER LETTER

го:	Registration Section
	Division of Corporations

SUBJECT: Ultra-Dry Salutions 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:

Francis aracena
Name of Person

Ultra-Dry Solutions LLC.

Print/Company

600 Parkview Drive Apt #801

Address

Hallandale Deach FL 33009

City/State and Zip Code (

Ultradry Solution@gmail.com

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

For further information concerning this matter, please call:

Francis Aracena at 186, 525 - 7347

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

E\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
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

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan	by were filed on $4 - 13 - 18$ and assigned $4 - 13 - 18$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	nbility company here:
The 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)	A CONTROL AND CONT
	OF RE
£	
Enter new mailing address, if applicable:	3 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the nere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	•
New Registered Office Address:	
New Registered Office Address:	, Florida
New Registered Office Address:	Florida

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 = \Mai AMBR = Aut	nager horized Member			Drive AP
<u>Title</u>	Name		Address 600 Park VIEW	Type of Action
MGR	Francis Ara	<u>c</u> ena	Address 600 Parkview Hallandale Beach FL	
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an effective date is liste Note: If the date inser	d, the date must be specific a rted in this block does not	nd cannot be prior to d meet the applicable	ate of ming of more man statutory filing requir	ements, this date wil	I not be list	ited :
iocument's effective of	fate on the Department of	State's records.				
e record specifies	a delayed effective	date, but not a	n effective time, a	it 12:01 a.m. on	the earli	ier
The 90th day aft	ter the record is filed	1.				
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Dated Hugus	5+ 7, JUK	J. <u>2018</u>	i			
J	11 1 2					
/	The Signature of	a member or authorize	d representative of a me	mber		
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Page 3 of 3

Filing Fee: \$25.00