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COVER LETTER

	gistration Sec vision of Corp			
CUDIFOT.		olutions, LLC.		
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		Francis Aracena		
			Name of Person	
		Ultra-Dry Solutions, LLC.		
			Firm/Company	
		1835 E. Hallandale Beach	Blvd. Suite 714	
			Address	
		Hallandale Beach, Florida	33009	
			City/State and Zip Code	
		ultradrysolution@gmail.cor		
		E-mail address: (o be used for future annual report	notification)
For further	information co	ncerning this matter, please ca	ill:	
Francis Ara			786 525-7347 at ()	
	Name of	Person	Area Code Day	time Telephone Number
Enclosed is	a check for the	e 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)

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

Ultra-Dry Solutions, LLC.				
(Name of the Limite)	d Liability Compan A Florida Limited Li	y as it now appears on ou ability Company)	r records.)	
The Articles of Organization for this Limited Lia	bility Company v	vere filed on 4-12-18	and assigned	
Florida document number L18000092914	<u> </u>			
This amendment is submitted to amend the follow	wing:		లే	
A. If amending name, enter the new name of the limited liability company here:		ity company here:	5 h	
The new name must be distinguishable and contain the wo	rds "Limited Liabilit	y Company," the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		1835 E. Hallandale Bea	ach Blvd, Suite 714	
Principal office address MUST BE A STREET	TADDRESS) Hallandale Beach, Florida 33009			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>	1835 E. Hallandale Beach Blvd, Suite 714 Hallandale Beach, Florida 33009		
3. If amending the registered agent and/o egistered agent and/or the new registered offi			records, enter the name of the	
Name of New Registered Agent:	Francis Aracena			
New Registered Office Address:	1835 E. Hallanda	ale Beach Blvd, Suite 71	4	
		Enter Florida stree	et address	
	Hallandale Beach	h	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>	<u>Address</u>	Type of Action
MGR	Reynoso, Santa	7010 NW 186 Street #501	
		The last plants again	
		Hialeah, Florida 33015	■ Remove
		·	
			Change
			☐ Remove
			Change
			— · EPAdd, T\
			□ Æmove
			Change
			Add
			□ Remove
		-	Change
			
			☐ Remove
			Change
<u></u>			Add
			Remove
			Change

1835 E. Hallandale Beach B	Blvd. Suite 714, Hallandale Beach,	Florida 33009	
			· · · · · · · · · · · · · · · · · · ·
 			
			-
Effective date, if other than the offective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the light	ust be specific and cannot be prior to do block does not meet the applicable Department of State's records.	tte of filing or more than 90 days statutory filing requirements	optional) safter filing.) Pursuant to 605.020 s, this date will not be listed a
ne record specifies a delaye The 90th day after the re	ed effective date, but not ar cord is filed.	n effective time, at 12:	01 a.m. on the earlier o
October 10	2018		
Saled Soll Carlo	<u> </u>	d representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00