## 118000254097

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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: POE	Ol Cage Solution Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Daniel	Coloneu Name of Person	<u> </u>	
	5525 P	Firm/Company Palmer Blvd Un Address		/ <b>"</b> 3
	Sm		232 F	にに関い
For further information c	E-mail address: ( oncerning this matter, please ca		iffication)	
leticia C Name o	f Person	at (941) 53 Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	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)	

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

fool (	Cage Solution	LLC		
(Name of the Limited Li	iability Company as it now appe lorida Limited Liability Company	ears on our records	<u>.</u> )	
The Articles of Organization for this Limited Liabil Florida document number L 1800025 409	ity Company were filed on _	10/29/	2018 and a	ssigned
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	limited liability company	here:		
The new name must be distinguishable and contain the words	"Limited Liability Company," the	e designation "LLC"	or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable	:			<del></del> _
(Principal office address MUST BE A STREET A.	DDRESS)		<u> </u>	
	<del></del> .		<u> </u>	
Enter new mailing address, if applicable:			2019 3	-17
(Mailing address MAY BE A POST OFFICE BOX	1)		31.12	20 mg
			51.7 of	777
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records,	enter the name	e of the new
Name of New Registered Agent:		<u>-</u>		
New Registered Office Address:				
	Enter F1	lorida street address		
_		, Flo	rida	
	City		Zip Cod	<u> </u>
Now Designand Asset's Company of abundana Design	tanad Amanti			

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	Daniel Colomeu	5525 Palmer Blvd Sprusota FL 34232	<b>C</b> Add
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X (Janua) Colomus Signature of a member or authorized representative of a member	uted D	) comber	20	2018					
Signature of a member or authorized representative of a member	<i>X</i>	Mani OC	Dome, 1		<del></del> '				
		- January 9	Signature of a r	member or auth-	orized represen	tative of a membe	r		-

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Filing Fee: \$25.00