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COVER LETTER

TO: Re Di	egistration S vision of Co	Section orporations		
SUBJECT:		E SOLUTIONS LLC		
oob de la	•	Name of Li	mited Liability Company	
The enclose	ed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please retur	n all corresp	ondence concerning this matte	τ to the following:	
		SANTO R. LICAMARA		
			Name of Person	
		SITE RITE SOLUTIONS	SLLC	
			Firm/Company	
		1025 GATEWAY BLVD	SUITE 303-186	
			Address	
		BOYNTON BEACH, FL	33426	
			City/State and Zip Code	
		INFO@SITERITESOLUT		
For furth er ii	nformation o	encerning this matter, please o	(to be used for future annual report not	ification)
	LICAMARA		954 610-1950	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		Street Address:	nti a
Div	ision of C	orporations	Registration Sec Division of Cor	
	Box 632	•	The Centre of T	allahassee
ial	lahassee, F	L 32314	2415 N. Monroe	e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2020 JUL 15 Ali 7: 25

SITE RITE SOLUTIONS LLC		
(<u>Name of the Limit</u>	ted Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>(s,</u>)
The Articles of Organization for this Limited L	iability Company were filed on 07/11/2019	and assigned
Florida document number L19000178904		-
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if application	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE I	<u> </u>	
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, <u>enter</u> s <u>here</u> :	the name of the new registered
Name of New Registered Agent:	SANTO R LICAMARA	
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	City	Zin Code

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the wisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and rept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

Zip Code

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>	Name	2020 JUN 16 AN 7: 25 <u>Address</u>	Type of Action
MGR	SANTO R LICAMARA	1025 GATEWAY BLVD SUITE 303-186	≣ Add
		BOYNTON BEACH, FL 33426	
			[] Change
AMBR	FRANCISCO J PAZOS	1025 GATEWAY BLVD SUITE 303-186	□Add
		BOYNTON BEACH, FL 33426	≡ Remove
			©Change
			□Remove
			□Change
			□Add
			Remove
			□Change
			□ Remove
			□Change
		 	□ Remove
			□ Change

	2020 JULI 16 AH 7: 25
	
	•
ective date, if other than the date of filing:	(optional) mot be prior to date of filing or more than 90 days after filing.) Pursuant to 60:
The same materials in this proper does not the	t tile applicable statillory tillno registremente, this data will not be liet
ument's effective date on the Department of State	e's records.
cord specifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
s filed.	, , , , , , , , , , , , , , , , , , ,
ICA CHINA	
ed 16th of JUNE	2020
La R.	2
Signature of a men	or authorized representative of a member

Filing Fee: \$25.00