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COVER LETTER

	gistration Sec vision of Corp		*	
	SOL PPEC		•	
SUBJECT:		Name of Limit	ted Liability Company	
The enclose	d Articles of z	Amendment and fee(s) are subr	nitted for filing.	
		ndence concerning this matter t		
	•			
		Guillermo Ricard		
			Name of Person	
		SOL PPEC, LLC		
			Firm/Company	
		2807 SW 145 AVE		
			Address	
		Miami, FL 33175		
			City/State and Zip Code	
		g.ricard90@gmail.com	16.6.	oution)
			to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca	all:	
Guillermo	Ricard		786 431-7272 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	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)
R D P	lailing Addres egistration 9 vivision of C O. Box 632 allahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOL PPEC, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L19000295272 This amendment is submitted to amend the following: 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 designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the prew agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida Cirv 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rebeca F. Romero	2807 SW 145 Ave Miami, FL 33175	□Add
			■Remove
			□Change
MGR	Elizabeth E. Buşutil	2825 SW 145 AVE Miami, FL 33175	□Add
			■Remove
			□Change
			🖾 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□ Change

Signature of a member or authorized representative of a number			ttach additional sheets, if necessary.)	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed neument's effective date on the Department of State's records. Trecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after this filed. December 12 2019 Signature of a member or authorized representance of a number				
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Filing Fee: \$25.00