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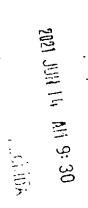
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COVER LETTER

TO: Registration Solivision of Co			
SUBJECT:	MAYAN Jame of Limit	Solav LLC ted Liability Company	<u>. </u>
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Lyan	nu Morales	>
	Mayr	Name of Person Solary Ll Firm/Company	CC.
	7658 M	Thisper Way	L 202
	heunian	, IL, 34=	747
	MAYAN: E-mail address. to	City/State and Zip Code SO AV I CO GM be used for future annual report not	IAI · WM Hication)
For further information of Lygnel	Concerning this matter, please ca A. Movales Dyta of Person	12 at (787) 2 ^T	75 - 714 ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
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:	~
(Principal office address MUST BE A STREET ADDRESS)	1 JU
	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	- I
	<u> </u>
	2. · · C
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, <u>enter the name of the new reg</u> i
Name of New Registered Agent:	
New Registered Office Address:	
Enter i	lorida street address
	Florida Zip Code
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>	Address	Type of Action
CEO	Lyanne M. Morales Diti	Address 202 Reunion FL, 34747	
		202 Reunion FL, 34747	ERemove
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effective date is liste	d, the date must be sperted in this block do	citic and canno	t be prior to d	ate of filing or	more than 90	days after fi	ling.) Pur	suant to 605.02 not be listed
	late on the Departm							
cord specifies a del cfiled.	ayed effective date.	but not an eff	ective time.	at 12:01 a.m	i. on the earl	ier of: (b)	The 90	th day after th
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	/ / /	2 / 1 / \	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>)			
	Signa	ure of a membe	r or authorize	d gepresentati	ve of a memb	e)		

Filing Fee: \$25.00