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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Suball Adams LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Flavia S. Ternande>
Firm/Company
2833 SW 131 Place
City/State and Zip Code City/State and Zip Code Flouring - fer nande > 0 10 hours Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Flavia S. Fernande Z. at (786) 286-7636 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \text{S55.00 Filing Fee & Certificate of Status} \Bigcup \text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \$\Bigcup \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa (A Florida Limited L	ry as it now appears on our records.)
The Articles of Organization for this Limited Liability Com-	
Florida document number 121000296546	were filed on Olo 28 12 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	itv company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L. L. C."
Enter new principal offices address, if applicable:	- Solovianon E.L.C.
(Principal office address MUST BE A STREET ADDRESS)	3
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
-	
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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 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

Title	Name	Address	Type of Action
MGIZ	Flavia S. temandez	- 2832 SW 131 Pl Miami,	jXadd
			□Remove
6 00			□Change
RUBR	Reiner Fernands	788350131 Pl Maml, Fr 33175	_XAdd
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If amending any other information, enter change(s) here: (At	ttach additional sheets, if necessary.)
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Iffective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of the late inserted in this block does not meet the applicable statu locument's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.02 attory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 12 l is filed.	2:01 a.m. on the earlier of: (b) The 90th day after the
ated Quopest 15, 2021.	
Signature of a member or authorized repre	PSCHIATIVO of a march
Flavia Fernandez Typed or printed name of	coomanive of a member