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SECRETARY OF STATE

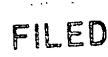
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COVER LETTER

	ivision of Corpo			•
	SOLPETILLO		•	, ava
SUBJECT		, '	ited Liability Company	
The enclos	sed Articles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please retu	irn all correspond	ence concerning this matter	to the following:	
		ALEJANDRA SERRANG)	
			Name of Person	
		SOLPET LLC		
			Firm/Company	
		8350 NW 52ND TER STE	E 301	
			Address	
		DORAL, FL 33166		
City/State and Zip Code				
		USTUEMPRESA@GMAU	L.COM to be used for future annual report no	ditivation
For further	information con	cerning this matter, please c		ancaren
ALEJANI	ORA SERRANO		786 340-0372	
	Name of P	erson	at ()	me Telephone Number
Enclosed i	s a check for the	following amount:		
■ \$25.00) Filing Fee	S30.00 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)
	lailing Address:		Street Address:	
	legistration Se Division of Cor		Registration S Division of Co	
P	.O. Box 6327		The Centre of	Tallahassee
	allahassee. FL	. pZp14	2415 N. Monr	oe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SOLPETILC

2022 FEB 22 AM 9: 03

(. thin of the ram	(A Florida Limited	Liability Company)	SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Florida document number 1.21000376830	_iability Company	were filed on <u>08/23/20</u>	21 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
NA			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NA	<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		NA	
B. If amending the registered agent and/or agent and/or the new registered office addr	4,7	address on our record	s, enter the name of the new regis
Name of New Registered Agent:	NA		
New Registered Office Address:	NA		
New Registered Office Address:	NA	Enter Florida stro	pet address
New Registered Office Address:	NA NA		vet address , Florida ^{NA}

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 fecords:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR SAN	SANTIAGO VARELA	19370 COLLINS AVE APT 1014	≣Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			□ Change
NA	NA	NA	□Add
			□Remove
			□Change
NA	NA	NA —	□Add
			□Remove
			□Change
NA	NA	NA	□ Add
NA			
			□ Change
	NA —	NA	□Add
			Remove
NA			□Change
	NA —	NA	□ Add
		.	□Remove
			□ Change

. •

Effective date, if other than the date of filing: NA (optional) (If 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 6051. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. (the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies). The 90th day after the record is filed. Dated FEBRUARY ISTH 2022	NA	-				
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Alejandra Serrano Signature of a member or authorized representative of a member	Dated	. 2022	·			
Signature of a member or authorized representative of a member		Alejana	ha Serran	10	<u>.,,</u>	
	Sign	rature of a meipber or aut	norized representati	ive of a member		
		Typed or prin	nted name of signee		· 	

Page 3 of 3