Division of Corporations

## Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : I20200000022 Phone : (305)298-6579 Fax Number : (305)643-5225

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: arimir Sources Eguaricon

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SOLIDCONST LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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

HZZ000141173 3

SOLIDCONST LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L22000155758	were filed on 04/13/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address
	Florida
The state of the s	City Zup Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publication being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chan	ging 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
MGR	Claudia A. Gonzales Lara	Av. Santa Cruz esquina C. Oblitas	□Add
		Edificio Dubai Of 2F Cochabamba, Bolivia	∐Rcmove
			_ 🗏 Change
AMBR	Gabriela E Gonzales Lara	960 Highland ST Unit B6	_ □∧dd
		Sarasota, FL 34234	_ □Remove
			<b>=</b> Change
			□Add
			_ 🗆 Remove
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the	the date of filing:	anot be prior to de	te of filing or more the	m 90 days after filing	Pursuant to 605 0207 (
document's effective date on the	e Department of State	e's records.			
the record specifies a delayed effe cord is filed.	ctive date, but not an	effective ume,	it 12.01 a.m. on the	earlier of; (b) Th	e 90th day after the
Dated APRIL 18	· -	2022	HAP.		
			Calledon.		
· · · · · · · · · · · · · · · · · · ·	Signature of a men	ber or authorized	representative of a m	ember	<del></del>