Florida Department of State Division of Corporations Electronic Ming Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone : (305)803-2736 Fax Number : (305)646-1527

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

F57	Address:			
Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOLUTION GLOBAL INTL, LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLU	ITION GLOBAL INTL, LLC				
(Name of the Limited Lia (A Flor	ullity Company as it now appears on our ida Limited Liability Company)	r records.)			
The Articles of Organization for this Limited Liability		2	and us	siened	
Florida document numberL22000211844		_			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company here:				
The new name must be distinguishable and contain the words "L	mited Liability Company," the designation	o "LLC" or the	hhreviation "I	<u> </u>	_
Enter new principal offices address, if applicable:			pooleviadon L	L.C.	
(Principal office address MUST BE A STREET ADE	(RESS)				_
					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			-		-
					
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records,	enter the nan	e of the new	<u>regist</u>	ered
Name of New Registered Agent:			٠_	. 20	3
New Registered Office Address:					
	Enter Florida street	address	-		-
		_, Florida		15	- L
New Registered Agent's Signature, if changing Registere	City		Zip Code	٩	ر دارا. د است
hereby accept the appointment as registered agent	and cores to act in this canasin	. 1 G		Ψ.	
provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my dutie gent as provided for in Chapter (ed office address I hamby confi-	es, and I am f	amiliar with	and	the
	1: Changing Registered Agent, Signat	hiro of Nam Da			
		THE OF INCM KEE	istered Agent		

Duy MAH.

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	<u>Address</u>	Turn of had	
MGR	MILAGROS L. ABREU UZCATEGUI	7950 NW 53 STREET	Type of Action	
		UNIT 342		
		DORAL, FL. 33166		
			□Add	
			DRemove	
			Change	
			□Add	
			Петлоче	
			OCbange	
			□Add	
			DRemove	
			Change	
			Dadd	
			□Remove	
			_	
			_	
			CRemove	
			— ∽cmαße	

7 Bu Marsel.

Typed or printed name of signee

JESUS ABREU.