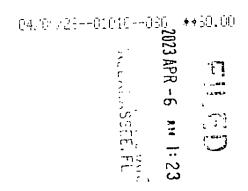
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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SOLO CAF	E LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ERIKA MONSALVE BUI	TRAGO	
		Name of Person	
	 	Firm/Company	
	138 SW PEACOCK BLVI	O APT 20-202	
		Address	
	PORT SAINT LUCIE, FL	34986	
		City/State and Zip Code	
	E-mail address: (AIL.COM to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	nll:	
ERIKA MONSALVE BU	JITRAGO	631 353-5673	
Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 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)
Mailing Address		Street Address:	tion
Registration S Division of C		Registration Sec Division of Corp	
P.O. Box 632		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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
AMBR	ALESSANDRO R. DE FREITAS	5829 NW ZENITH DR	
		PORT SAINT LUICE FL 34986	≣ Remove
			□Change
			□Add
			□Remove
<u>.</u>			□Add
			Петюче
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ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the is filed.				. , ,	
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Evika Honsalve Signature of a member or authorized representative of a member	te: If the date inserted in this block cument's effective date on the Department of		ime, at 12:01 a.m. on the o	earlier of: (b) The 90th d	lay after the
company to the contract of the	te: If the date inserted in this block cument's effective date on the Department's effective date on the Department specifies a delayed effective distilled.	date, but not an effective t	ime, at 12:01 a.m. on the o	earlier of: (b) The 90th d	lay after the