P0900004784

(Re	equestor's Name)	,
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LLERENA	SOLUTIONS INC
DOCUMENT NUMBER: P09000004784	
The enclosed Articles of Amendment and fee	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
ERNESTO LLEREN.	A
	Name of Contact Person
LLERENA SOLUTIO	ONS INC
	Firm/ Company
1461 W 42 ST APT I	06
<u></u>	Address
HIALEAH FL 33012	
	City/ State and Zip Code
TORITO1990@YAHOO.E	S
-	to be used for future annual report notification)
For further information concerning this matter	er, please call:
ERNESTO LLERENA	at (305 2192101
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	t made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of \$	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(<u>Name o</u>	f Corporation as curren	tly filed with the Florida I	Dept. of State)	1
P09000004784				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. Its Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Corporatio	on adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A				The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ttion "Corp." "Inc," or	"Co". A professional cor	orporated" or poration name	the abbreviation must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1461 W 42 ST APT 10	06	FG 23
		HIALEAH FL 33012		量室刀
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1461 W 42 ST APT 10	06	ED AND
		HIALEAH FL 33012	- ·· · · · · · · · · · · · · · · · · ·	<u> </u>
D. If amending the registered agent an			name of the	
new registered agent and/or the new	v registered office addre	<u>ss:</u>		
Name of New Registered Agent				
	(Florida :	street address)		
New Registered Office Address:	N/A		. Florida	
New Registered Office Flattiess.		(City)	, 1 101144	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as regist			ations of the po	sition.
, , ,,	S J	, ,		

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith. SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P, Sec	LLERENA, ESPERANZA I	3550 SW 109 AVE
Add X Remove			MIAMI FL 33165
2) Change	Р	ERNESTO LLERENA	1461 W 42 ST APT 106
X Add	***		HIALEAH FL 33012
Remove 3) Change	VP	JESUS LLERENA	1461 W 42 SAPT 106
X Add			HIALEAH FL 33012
Remove			
4) Change Add			
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Arti</u> (Attach additional sheets, if necessary).	(Be specific)
N/A	
	
	
	
	
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A) N/A	
WA	
	· · · · · · · · · · · · · · · · · · ·

01/09/2017 The date of each amendment(s) adoption:	, if other than th
date this document was signed.	, ii odiei dian di
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
01/09/2017 Dated Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
ERNESTO LLERENA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	