L18000216158

(Re	equestor's Name)	
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(<i>y</i> ''	201033)	
(C	ity/State/Zip/Phone #)	
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COVER LETTER

Division of Co		·	•	
	C Name - MLS IT Solution LL	.c		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
	Merouane Remmouche			
		Name of Person		
	MLS IT Slution LLC			_
		Firm/Company		202 E ii
	33 E Robinson St, Suite 2	16	- -	2020 DEC 16
		Address	-	
	Orlando, FL 32801		r,	, ,,,,,,
	mremmouche@outlook.cor	City/State and Zip Code		PH 3: 1
		to be used for future annual report no	tification)	mi —
For further information	concerning this matter, please c	all:		
Merouane Remmouche		202 445-5245 at ()		
Name	of Person	Area Code Daytir	me Telephone Number	
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Enclosed is a check for t		Cee oo ruum raa g	□ \$60.00 Fi	Ilina Kas
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Certified	ite of Status &
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection	
Division of C	Corporations	Division of Co	orporations	
P.O. Box 63:	27	The Centre of	Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

· ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MLS IT Solution LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 9/11/2018 and assigned
Florida document number L18000216158	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
MLS IT LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	202 Ser
Triciput office undress brost Big A STREET AND RESS.	
	- C Joseph
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	नित स
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	יין
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	address on our records, enter the name of the new regi
gent und of the not regional action and the	
Name of New Registered Agent:	
Name Banistanad Office Address	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 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>	Name	Address	Type of Action
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ective date, if other than the date of filing:			(optional)		
effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicable	date of filing or	more than 90 day	's after filing.	.) Pursua	nt to 605.0
ument's effective date on the Department of State's records.	ic statutory in	ing requiremen	is, ims date	Will lio	t the fistee
cord specifies a delayed effective date, but not an effective time	e, at 12:01 a.m	. on the earlier	of: (b) Th	ie 90th d	lay after t
s filed.					
December 10th 2020					
ed	<u>.</u> ·				
Signature of a member or authorize					

Filing Fee: \$25.00