L18000 291944

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COVER LETTER

TO: Registration S Division of Co			
(1418) 411 (292)	New Tek Solutions, LL	С	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Rajan Patel	
		Name of Person	
		New Tek Solutions, LLC	
		Firm/Company	
		11606 US HWY 1	SECULE CH
		Address	
		Sebastian, FL 32958	
		City/State and Zip Code	
		ajanpatel2010@gmail.com	<u> </u>
Park Carlon Safe and at		to be used for future annual report not	dication)
	concerning this matter, please e	ait:	
Scott M. Alex	ander, Esq.	727 612-221. at ()	
Name	of Person	at ()	ne Telephone Number
Enclosed is a check for t	the 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)
<u>Mailing Addre</u> Registration		Street Address:	ation
Division of (Registration Se Division of Cor	
P.O. Box 633		The Centre of T	Fallahassee
Tallahassee,	rt 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303

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

New Tek Solution			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appea Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L18000291944</u>	y were filed on _	December 20, 2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company b	<u>nere</u> :	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			75 75 75 T
(Principal office address MUST BE A STREET ADDRESS)			1-16 PR 24
Enter new mailing address, if applicable:			910 Q
(Mailing address MAY BE A POST OFFICE BOX)			3 3
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, enter the na	me of the new register
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	Enter Fle	orida street address	
		Phasil	
	City	Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		•

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
MGR	Rajan Patel	11606 US HWY 1	□ Add
		SEBASTIAN, FL 32958	_
			□Change
MGR	Action Areade of Florida, LLC	6541 54th Avenue North	■Add
		St. Petersburg, FL 33709	□Remove
			□Change
			□Add
			2023 DRemove
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			□ C C C Remove
			□Add
			□Remove
			□Change
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			Change

Signature of a health of the same health of a member. Rajan Pate! (optional) (optional)			-	
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reflective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 to: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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 filed. Signature of a hierable or authorized representative of a member				
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Filing Fee: \$25.00