## 422000024755

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2022 OCT 31 AH II: 02
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Cor			•	
	SOLUTIONS LLC	·	•	·
SUBJECT:	Name of Lim	ited Liability Company		
The males of Saiden of	Amendment and fee(s) are sub	united for films		
Please return all correspo	indence concerning this matter	to the following:		
	JUAN D MUNOZ PENA			
		Name of Person		
		Firm/Company		
	213 MACKAY DR. Apt. i			. <b>2</b> 1
		Address	<del>-</del>	D22 C ECF
	HAINES CITY, FL 33844			2022 OCT 31 AHII: 02 SECRETARY LE STATE TALLAHASSEE, FL
	<del></del>	City/State and Zip Code		
	equitecsolutionsfl@gmail.c			
		to be used for future annual report notifica	tion)	. FE 0
For further information c	oncerning this matter, please ca	all:		ini N
JUAN D PENA MUNO	Z.	239 3508987 at ( )		
Name o	f Person		elephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addres Registration S		Street Address: Registration Section	on	
Division of C		Division of Corpo		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EQUITEC SOLUTIONS LLC

( <u>Name of the Limited Liability Comp</u> e (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/11/2022	and assigned
Florida document number L22000024755		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		SECRETALL/
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		%c ≥ 1
		Mo = ···
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the	name of the new registered
generalitation the new registered office address tiere.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid:	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I oprovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KAMIR BONILLA-FIGUEROA	213 MCKAY DR APT i	■Add
		HAINES CITY FL, 33844	□Remove
			□Change
			□Remove
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			□Change

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10/01/20	22
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be pri	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0 licable statutory filing requirements, this date will not be listed
e record specifies a delayed effective date, but not an effective rd is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after
Dated Octubre 20 . 2022	·
Signature of a thember or au	thorized representative of a member

Filing Fee: \$25.00