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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corpo | | No. | |
|--|--|--------------------------------|--|------|
| | Þ | 1 0. | | |
| SUBJE | ECT: | Alsolutions of Name of Limi | Group LCC | |
| | | Name of Limi | ited Liability Company | |
| | | | | |
| The en | closed Articles of Ar | mendment and fee(s) are subt | mitted for filing. | |
| Please | return all correspond | lence concerning this matter t | to the following: | |
| | | Kai | mal Alonso | |
| | | - | Name of Person | |
| | | AI | solutions Group, LCC | |
| | | | Firm/Company | 72 |
| | | 9240 Sun | Firm/Company Set Drive # 236 Address Mr) F2 33173 City/State and Zip Code | PPE |
| | | | Address | 552 |
| | | Mia | mn FL 33173 | 5 |
| | | | City/State and Zip Code | |
| | | Salanso E-mail address: (t | esmapulesimal. com to be used for filture annual report notification) | 01 |
| For fur | ther information con | cerning this matter, please ca | alt: | |
| | Kamai | Alonso | at () | |
| | Name of P | erson | Area Code Daytime Telephone Number | |
| Enclos | ed is a check for the | following amount: | | |
| □ S2: | 5.00 Filing Fee | □ \$30.00 Filing Fee & | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, | |
| | • | Certificate of Status | Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | |
| | | | | |
| MAILING ADDRESS: Registration Section Division of Corporations | | | STREET/COURIER ADDRESS: | |
| | | | Registration Section Division of Corporations | |
| | P.O. Box | 6327 | Clifton Building | |
| | Tallahass | ee, FL 32314 | 2661 Executive Center Circle | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Alsolutions | Group, UC |
|---|--|
| (Name of the Limited Liability Company (A Florida Limited Lia | |
| The Articles of Organization for this Limited Liability Company w | were filed on $3/3/18$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabili | ity company here: |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 9240 Sunset Drive |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 236 . B |
| (change in suite number) | 9240 Sunset Drive Suite 236 B Milamin Fe 33173:0 = 2 |
| Enter new mailing address, if applicable: | Same |
| (Mailing address MAY BE A POST OFFICE BOX) | 5 |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: | |
| Name of New Registered Agent: | · · · · |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| New Registered Agent's Signature, if changing Registered Agent: | City Zip Code |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change. | performance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is |

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

| 'If amending or removed | Authorized Person(s) authorized to ma from our records: | nage, enter the title, name, and address of each | person being added |
|----------------------------|---|--|--|
| MGR = M AMBR = A | anager uthorized Member | | |
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| Auth | Sma management fic Service, Inc. | 9240 Sunset DINU #202 | |
| rupio | - , | Miami) FL 33173 | D-Kemove |
| | | | ☐ Change |
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| D. Ìf amei | nding any other information, enter chang | ge(s) he | ere: (Attach additional sheets, if necessary.) | |
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| (If an effe <u>Note:</u> | | not be pr the app | (optional) ior to date of filing or more than 90 days after filing.) Pursuant to 605 licable statutory filing requirements, this date will not be listeds. | |
| (f the reco | ord specifies a delayed effective date 90th day after the record is filed. | , but | not an effective time, at 12:01 a.m. on the earlie | er of: |
| Dated _ | may 22nd | 2.01 | 9. | |
| | Signature of a morn | | ithorized representative of a member | |
| | | \bigvee | | |
| | Typ | ed or pri | Alowo | |
| | | | | |

Page 3 of 3

Filing Fee: \$25.00