I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, that my name appears above, or on an attachment with all other like empowered.	
SIGNATURE: ANTONIA GONZALEZ	09/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

GONZALEZ, ANTONIA 5934 SW 152ND CT. MIAMI, FL 33193 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: ANTONIA GONZALEZ			09/28/2020
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	GONZALEZ, ANTONIA	Name	PEREZ, BRYAN	
Address	5934 SW 152ND CT.	Address	5934 SW 152ND CT.	
City-State-Zip:	MIAMI FL 33193	City-State-Zip:	MIAMI FL 33193	

# DOCUMENT# L19000204385

Entity Name: ALL SOLUTIONS LIVE L.L.C.

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

### **Current Principal Place of Business:**

5934 SW 152ND CT. MIAMI, FL 33193

### **Current Mailing Address:**

5934 SW 152ND CT. MIAMI, FL 33193 US

### FEI Number: 84-2750798

Date

## FILED Sep 28, 2020 Secretary of State 1698769502CR

Certificate of Status Desired: No