

L060000051381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

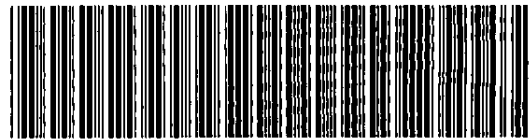
Special Instructions to Filing Officer:

A. LUNT

NOV 20 2010

EXAMINE

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2010 NOV 19 PM 4:08

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A Solutions, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cruz M. Juarez
Name of Person

A Solutions, LLC
Firm/Company

8803 SW 132 Street
Address

Miami, Florida 33176
City/State and Zip Code

cruzmlvarez@bellsouth.net
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV 19 PM 4:03

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For further information concerning this matter, please call:

Cruz M. Juarez at (786) 402-5264
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

A Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/17/2006 and assigned
Florida document number L06000051381.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

Enter new principal offices address, if applicable:

8803 SW 132 Street

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida 33176

Enter new mailing address, if applicable:

8803 SW 132 Street

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida 33176

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Cruz M. Juarez

New Registered Office Address:

8803 SW 132 Street

Enter Florida street address

Miami

Florida

33176

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 608, 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.

Cruz M. Juarez
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Rodolfo Dumenigo, MD	1200 Alton Road Miami Beach, Florida 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Cruz M. Juarez	8803 SW 132 Street Miami, Florida 33176	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 2010 NOV 12 PM 4:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 12, 2010

Signature of a member or authorized representative of a member

Cruz M. Juarez

Typed or printed name of signee