# L13000039238

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| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer.   |             |
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| oun in o    |                                    | CIONES E IMPORTACIONE                           | S LA SOLUCION CA LLC  | ,   |  |  |  |
| SUBJEC      | Г:                                 | Name of Lim                                     | ited Liability Company  |   |  |  |  |
| The enclo   | sed Articles of                    | Amendment and fee(s) are sub                    | mitted for filing.  |   |  |  |  |
| Please reti | urn all correspo                   | ondence concerning this matter                  | to the following:   |   |  |  |  |
|             |                                    | YOLY SABILLON                                   |   |   |  |  |  |
|             |                                    | •   | Name of Person  |   |  |  |  |
|             |                                    | LA FLORIDA SERVICES                             | SLLC  |   |  |  |  |
|             |                                    |   | Firm/Company  |   |  |  |  |
|             | 11356 S. ORANGE BLOSSOM TRAIL.     |   |   |   |  |  |  |
|             |                                    |   | Address   |   |  |  |  |
|             |                                    | ORLANDO, FL 32837                               |   |   |  |  |  |
|             |                                    | -r. @g  | City/State and Zip Code   |   |  |  |  |
|             |                                    | info@flbusinessservices.co<br>E-mail address: ( | m<br>to be used for future annual report not                              | ification)  |  |  |  |
| For furthe  | r information c                    | oncerning this matter, please c                 | all:  |   |  |  |  |
| YOLY S.     | ABILLON                            |   | 407 723-1333  |   |  |  |  |
|             | Name o                             | of Person                                       | at () Area Code Daytin  | ne Telephone Number   |  |  |  |
| Enclosed    | is a check for t                   | he following amount:                            |   |   |  |  |  |
| ■ \$25.0    | 0 Filing Fee                       | \$30.00 Filing Fee &<br>Certificate of Status   | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |  |
| Ī           | Mailing Address Registration       | Section   | Street Address:<br>Registration Se  |   |  |  |  |
|             | Division of C<br>P.O. Box 632      |   | Division of Co<br>The Centre of   | -   |  |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

## EXPORTACIONES E IMPORTACIONES LA SOLUCION CA LLC

| ARTICLES OF  | AMENDMENT &  |  |  |  |  |
|--|--|--|--|--|--|
| -  |  |  |  |  |  |
|  | AMENDMENT O PRGANIZATION JCION CA LLC INV 85 it now appears on our records.) |  |  |  |  |
| EXPORTACIONES E IMPORTACIONES LA SOLU  | JCION CALLC  |  |  |  |  |
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited)  | any as it now appears on our records.) Liability Company)                    |  |  |  |  |
|  | 07/14/2020   |  |  |  |  |
| The Articles of Organization for this Limited Liability Company  Florida document number L13000039238                  | were filed on 02/14/2020 and assigned  |  |  |  |  |
| This amendment is submitted to amend the following:  |  |  |  |  |  |
| A. If amending name, enter the new name of the limited liab  | ility company here:  |  |  |  |  |
| ELLA SOLUCION LLC  | ·  |  |  |  |  |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC" or the abbreviation "L.L.C."            |  |  |  |  |
| Enter new principal offices address, if applicable:  | 6267 BENT PINE DR APT 1114A  |  |  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | ORLANDO FL 32822   |  |  |  |  |
|  |  |  |  |  |  |
| Enter new mailing address, if applicable:  | 6267 BENT PINE DR APT 1114A  |  |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | ORLANDO FL 32822   |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| B. If amending the registered agent and/or registered office a<br>agent and/or the new registered office address here: | address on our records, enter the name of the new register                   |  |  |  |  |
| ngent and of the new registered office address fiere.  |  |  |  |  |  |
| Name of New Registered Agent:  |  |  |  |  |  |
| New Registered Office Address:   |  |  |  |  |  |
|  | Enter Florida street address   |  |  |  |  |
|  | , Florida  |  |  |  |  |
|  | 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 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 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 |
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|                        | EBRUARY 141                                |                 | _                            |  |                 |               |                 |                             |                  |
|                        | EBRUARY 14T                                |                 | ,                            | <del></del>                                  |                 | $\mathcal{M}$ |                 |                             |                  |
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Filing Fee: \$25.00