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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations	•				
	UCION LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	YOLY SABILLON					
	Name of Person					
	LA FLORIDA SERVICES LLC					
	Firm/Company					
	11356 S. ORANGE BLOSSOM TRAIL					
	Address					
	ORLANDO, FL 32837					
		City/State and Zip Code				
	info@flbusinessservices.co					
		to be used for future annual report not	tification)			
For further information c	oncerning this matter, please c	all:				
YOLY SABILLON		407 723-1333				
Name of Person		at () Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	ne following amourt:					
■ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELLA SOLUCION 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 07/28/2020 Florida document number $\frac{1.13000039238}{1.13000039238}$ 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

. Florida

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
MGR	PEREZ CONTRERAS JANCELY	6267 BENT PINE DR	□ Add
		APT 1114A	■Remove
		ORLANDO, FL 32837	
•			□Add
			□Remove
			□Change
			□Add
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			Remove
			□ Change

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ffective	e date, if other than the date of filing:	(optional)
an effect lote: If	tive date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable statunt's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605.0207
record s l is filed	specifies a delayed effective date, but not an effective time, at 12 d.	:01 a.m. on the earlier of: (b) The 90th day after the
JU ated	ULY 28TH, 2020	
	71./	
	Signature of a member or authorized repr	

Typed or printed name of signee