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## COVER LETTER

TO:

	Registration Sec Division of Corp			
		LUTIONS, LLC		
SUBJEC	T:	Name of Limit	ed Liability Company	
The encle	osed Articles of A	amendment and fec(s) are subn	nitted for filing.	
Please re	turn all correspon	dence concerning this matter to	o the following:	
		ANA EDILMA FIALLO		
			Name of Person	
			Finn/Company	
		\$202 WILES RD UNIT 10	l Address	
		CORAL SPRINGS, FL 330		
			City/State and Zip Code	
		efima16@gmail.com		
		E-mail address: (i	o be used for future annual report no	tification)
For furt	ner information co	oncerning this matter, please ca	dl:	
ANA EDILMA FIALLO		)	647 9281464	
	Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>≡</b> \$25	6.00 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 Address Registration 1 Division of C P.O. Box 632 Tallahassec.	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Mont	orporations
			Tallahassee, F	L 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORBAFI SOLUTIONS, LLC			
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our record Liability Company)	<u>s.</u> )	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on September 29, 20	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:	and assigned  ompany here:  mpany." the designation "LLC" or the abbreviation "LLC."  Designation "LLC" or the abbreviation "LLC"	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "IA.C	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		124 S	
		¥2. – =	
Enter new mailing address, if applicable:		mm = 11	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	r the name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addre	css	
	Florida		
<del></del>	City	Zıp Coûe	
New Registered Agent's Signature, if changing Registered Agen	<u>l:</u>		
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my dutics, o s provided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

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
MGRM	NARLY FIALLO MARIN	8202 WILES RD UNIT 101	
		CORAL SPRINGS, FL 33067	Remove
ı			□ Change
MGRM	ANGIE MANUELA BARRANTE!	8202 WILES RD UNIT 101	<b>=</b> Add
		CORAL SPRINGS, FL 33067	∐Remove
			Change
			⊡Add
			∐Remove
			DAdd
			□Remove
			☐ Change
			□Add
			□Remove
			🗆 🗆 🗆 Add
			□Remove

and Na	ly Fiallo Marin is removed	and no longer a Memb	per of the LLC.		
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fective da n effective	te, if other than the date late is listed, the date must be s	of filing: pecific and cannot be pric	r to date of filing or more the	(optional) nan 90 days after filing.) Pursi	uant to 605.02
	date inserted in this block d iffective date on the Depart			quirements, this date will r	iot be listed
edinent 5	Trocaro date on the Depart	non or brain a record	•		
ecord spec	ifies a delayed effective date	e, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b) The 90tl	n dav after ti
is filed.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
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	Analys	2 1 100 M (Sep 6, 2024 22 09 EOT)	norized representative of a		

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## Pages from BRN3C2AF45B489F\_036758

Final Audit Report

2024-09-07

Created:

2024-09-06

By:

Ivan Colon (ivan@workinjuryrights.com)

Status:

Signed

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- Document created by Ivan Colon (ivan@workinjuryrights.com) 2024-09-06 9:29:07 PM GMT
- Document emailed to efima16@gmail.com for signature 2024-09-06 9:30:16 PM GMT
- Email viewed by efima16@gmail.com 2024-09-07 2:04:59 AM GMT
- Signer efima16@gmail.com entered name at signing as Ana Edilma Fiallo M
  2024-09-07 2:09:02 AM GMT
- Agreement completed. 2024-09-07 - 2:09:04 AM GMT