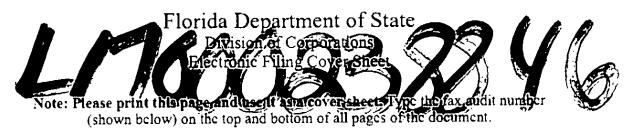
1/30/22, 4:06 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SANDRA CASTILLO TAX SERVICE LLC

Account Number : I20190000047 : (321)946-6560 : (866)704-9120 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LC ZOLUTIONS LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 01 |
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Tallahassee, FL 32314

COVER LETTER

| TO: Registration Se Division of Cor | | | |
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| AUDIECT | = - | COLUTIONS LLC | |
| SUBJECT: | Name of Limi | ted Liability Company | |
| The enclosed Articles of | Amendment and fec(s) are sub- | nitted for filing. | |
| Please return all correspo | ndence concerning this matter t | o the following: | |
| | LORENZO LOEZA SERR | ANO | |
| | | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | LC ZOLUTIONS LLC | | |
| | | Firm/Company | · |
| | 12670 NEWFIELD DR | | |
| | | Address | |
| | ORLANDO, FL 32837 | | |
| | | City/State and Zip Code | |
| | CLAUDIA_MOLINA_76@ E-mail address: (1 | O be used for future annual report not | fication) |
| For further information of | oncerning this matter, please ca | ull: | |
| SANDRA DANIS RAM | OS | 407 205-0002 | |
| Name o | f Person | at () | ne Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| S25.00 Filing Fcc | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres | Section | Street Address: Registration Se | |
| Division of C P.O. Box 632 | - | Division of Co The Centre of | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

| The Articles of Organization for this 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 11/18/2017 and assigned Florida document number L17000238846 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address, if applicable: 12670 NEWFIELD DR ORLANDO, FL 32837 | |
|--|---|
| (Name of the Limited Liability Compa (A Florida Limited) | iny as it now appears on our records.) Liability Company) |
| | were filed on 11/18/2017 and assigned |
| Florida document number L17000238846 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| 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: | 12670 NEWFIELD DR |
| | ORLANDO, FL 32837 |
| Enter new mailing address if applicable: | 12670 NEWFIELD DR |
| • | ORLANDO, FL 32837 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, enter the name of the new registered |
| New Registered Office Address: | Enter Florida street address |
| | ; · ~ |
| | City Zip Codu": |
| 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> | Name | Address | Type of Action |
|--------------|------|-------------|----------------|
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| ffective date, if other than the da | January 19th, 2022 (optional) | |
| an effective date is listed, the date must be | specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 does not meet the applicable statutory filing requirements, this date will not be listed. | .020 ed a |
| ocument's effective date on the Depar | rtment of State's records. | |
| | | ., |
| record specifies a delayed effective da Lis filed. | ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | r un |
| ated | 2022 | |
| | Lorango Lorga Serrano mature of a member or authorized representative of a member | |
| Sig | mature of a member or authorized representative of a member | |

Filing Fee: \$25.00