L18000005945

(Re	equestor's Name)	
(Ad	ldress)	
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<u></u>	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	<u>.</u>
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SECRETANY OF SINAL TALL AHASSEE, FL

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: OUTS	OURCE BUS	TINESS SOLUTION.	S LLC
	Name of Lim	nited Liability Company	-
The enclosed Articles of Amendm	ient and fee(s) are sub	omitted for filing.	
Please return all correspondence c	oncerning this matter	to the following:	
	OSWALE) F. Lofe Z Name of Person	
		Name of Person	
	DUTSOURCE	BUSINESS SOLUTI	ONS
		Firm/Company	
	5120 S. FL	Address	E. 329
	LAKELANO	, FL . 33813 City/State and Zip Code	
	OZLOP. E-mail address: (EZE HOTMAIL. Co. to be used for future annual report notifi	M
For further information concerning	g this matter, please c	all:	
DSWALD LOPEZ	·	at (<u>863</u>) <u>670 -</u> Area Code Daytim	1780
Name of Person		Area Code Daytime	e Telephone Number
Enclosed is a check for the follow	ing amount:		
	0.00 Filing Fee & Jertificate 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		Street Address:	vion
Division of Corporat	ions	Registration Sec Division of Cor	
P.O. Box 6327	4	The Centre of T	
Tallahassee, FL 3231	· -1	Z413 IN. MONFO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

OUTSOURCE BUSINESS So LUTTO (Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w annears on our records)	2022 JUL 18 PH 4: 32
(A Florida Limited Liability Co	ompany)	SECRETARY OF SHAFF
The Articles of Organization for this Limited Liability Company were file	d on <u>1-9-2018</u>	and assigned
Florida document number <u>L18000005945</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compa		
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	SAME	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	AME	
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	n our records, enter the na	me of the new registered
agent and/of the new registered office address here.		
Name of New Registered Agent: Same		
New Registered Office Address: 5/20 5 - FLo	DAIDA AVE STE Enter Florida street address	F. 329_
	Enter Florida street address	
LAKELAND	Florida _	338/3
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 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
<u>P</u> _	DSWALD F. LOPEZ	5120 S. FLORIDA AVE STE 32 LAKELAND, FL. 33813	9 WAdd
			□Remove
			Change
<u>VP</u>	DAIANA ORTIZ	5120 S. FLORIDA ANE STE 329	<u> □</u> Add
		LAKELAND, FL. 33813	MRemove
			□Change
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Effectiv	ve date, if other than the date of filing: (optional)	
Note: 1:	ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	.0207 (3 ed as th
docume	ent's effective date on the Department of State's records.	
ha raaard	deposition a delevad effective data but not an effective size of 12/01 and of the Unit Cally. The Oak 1 of Cally	.1
ord is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.	rtne
Dated _	7-13 2022	
	()PP	
	Signature of a member or authorized terresentative of a member	
	OSWALO F. LOPEZ Typed or printed name of signee	