L18000016631

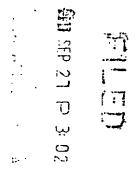
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	•

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Registration Section

TO:

COVER LETTER

Division of Cor	porations				
AMERICA SUBJECT:	N I SOLUTIONS LLC				
SOBRECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Name of Person			
	AMERICAN I SOLUTIO	NS LLC			
		Firm/Company			
	4594 NW 97TH PL				
		Address			
	DORAL, FL 33178				
	····	City/State and Zip Code			
	mcruz@americanisolutions E-mail address: t	.com to be used for future annual report notifi	cation)	SEP SEP	
For further information c	oncerning this matter, please or	·			<u></u>
MAURICIO CRUZ		856 394-9999 at ()		: پ_	
Name o	f Person	Area Code Daytime	Telephone Number	_	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Certificate o Certified Co tadditional cop	f Status & py	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 DocuSign Envelope ID C1799F40-0817-4EB2-BFBB-14DD38CFA3D7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAN I SOLUTIONS LLC			
(<u>Name of the Lin</u>	ited Liability Com (A Florida Limite	pany as it now appears on our d Liability Company)	records.)
The Articles of Organization for this Limited Florida document number L18000016631	Liability Compa	ny were filed on 01/18/2018	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
N/A			
he new name must be distinguishable and contain the	words "Limited Lic	ability Company," the designation	1 "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	E BOX)	N/A	
B. If amending the registered agent and registered agent and/or the new registered			ecords, enter the name of the
			(L)
Name of New Registered Agent:	N/A		02
New Registered Office Address:		Enter Florida street	
		Enter v torida street	anaress
		City	, Florida Zip Code
		cú	zip coae

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

DocuSign Envelope ID: C1799F40-0B17-4EB2-BFBB-14DD38CFA3D7
II 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
AMBR	MICHAEL A PAHUANA	4594 NW 97TH PL	
		DORAL, FL 33178	
			Remove
AMBR	ARIEL A VIDAL	4594 NW 97TH PL	
		DORAL, F1, 33178	
			Remove
			Change
			Add
			□ Remove
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	Septemb	er 21, 2018		ָּט '
ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blooment's effective date on the De	ock does not meet the app	licable statutory filing i	(optiona e than 90 days after filin requirements, this day	l)
e record specifies a delayed The 90th day after the reco	l effective date, but rord is filed.	not an effective tir	ne, at 12:01 a.m	. on the earlie
ated September 21	2018	·		
MM				
·	Signature of a member or au	thorized representative of	f a member	

Page 3 of 3

Filing Fee: \$25.00