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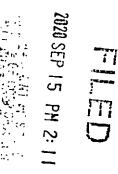
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PICK-UP	☐ WAIT	MAIL
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OCT 24 2020 S. YOUNG

COVER LETTER

Registration Section Division of Corporations

TO:

BUSINE SUBJECT:	SS FLORIDA SOLUTIONS LL	Ç ,	
SUBJECT.	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	LEONARDO CAMERO		
		Name of Person	
	BUSINESS FLORIDA SO	DEUTIONS LLC	
		Firm/Company	
	3403 NW 82ND AVENUI	E STE 330	
		Address	
	DORAL, FL 33122		
		City/State and Zip Code	
	LEO@CAMEROCPA.COM		
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
LEONARDO CAMER	80	305 712-1040 at ()	
Name	of Person	Area Code Daytime Telephone N	lumber
Enclosed is a check for	the following amount:		
亚 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St	iite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUSINESS FLORIDA SOLUTIONS 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 Compar	ny were filed on 2/8/2018	and assigned
Florida document number 1.18000036096		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LL	.C" 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 MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	PSS
	, F	Torida
	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
MGR	GONZALEZ, AXEL I.	3403 NW 82nd AVENUE STE 330	≣Add
		DORAL, FL 33122	🗀 Remove
			□Change
			□Add
			□Remove
			□ Change
		Remove	
		□ Change	
		-	
			□Remove
			Change
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		9/3/20	20		
E. Effective da	te, if other than the d	ate of filing:		(optio	onal)
					filing.) Pursuant to 605.0207 (3) date will not be listed as the
	effective date on the Dep			•	
f the record spec ecord is filed.	ifies a delayed effective	date, but not an effect	ive time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
SEPT	EMBER 3rd	2020		2	
Dated	· · · · · · · · · · · · · · · · · · ·	·	7///		
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