

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the tip and bottom of all pages of the document.

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|            | f Conponations   |  |
| Fax Number | : (850)617-6383  |  |
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| Account Na |  |  |
|            | mmer : I28128880055  |  |
| Fhone      | : (487)898-1757  |  |
| Hax Number | : (497)897-5336  |  |
|            |  |  |
|            | filnter the email address for this business entity to be used for futu | الحبك إنها                               |
|            | annual report mailings. Enter only one email address please.**         | ه د آ<br>س                               |
|            | Email Address:   | i dane                                   |
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| ······     |  |  |
|            | LLC AMND/RESTATE/CORRECT OR M/MG RESIGN                                |  |
|            |  | ( ·                                      |
|            | PRIDE ONE SOLUTIONS LLC  |  |
|            | Certificate of Status 0  |  |
|            |  | <del></del>                              |
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|            | Page Count 01  | <u> </u>                                 |
|            | Estimated Charge \$25.00   | · , · · ,                                |
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Electronic Filing Menu Corporate Filing Menu

Help

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11/13/2018

04:30 PM TO:18506176383 FROM:5612934213

## COVER LETTER

TO:

Registration Section

| Division o | f ( | Cor | рога | ations |
|------------|-----|-----|------|--------|
|------------|-----|-----|------|--------|

| Div                | ision of Cor  | porations                        |   |                            |                |
|--------------------|---|----------------------------------|---|----------------------------|----------------|
| SUBJECT:           |   | E SOLUTIONS LLC                  |   |                            |                |
| SUBJECT,           |   | Name of Lim                      | ited Liability Company                    |                            |                |
|                    |   |                                  |   |                            |                |
| The enclosed       | Articles of   | Amendment and fee(s) are sub     | mitted for filing.                        |                            |                |
| Please return      | all correspo  | ndence concerning this matter    | to the following:                         |                            |                |
|                    |   | GISELE SOUZA                     |   |                            | 2911 11507 114 |
|                    |   | <del></del>                      | Name of Person                            |                            | 7              |
|                    |   | ACCOUNT BOOKKEEP                 | NG CORP                                   |                            | · · · · · · ·  |
|                    |   |                                  | Firm/Company                              | <del></del>                | . · · · · · ·  |
|                    |   | 5301 CONROY ROAD ST              | JULE 140                                  |                            | D 5.50         |
|                    |   |                                  | Address                                   | <del>-</del>               | 320            |
|                    | Name of Limited Liability Company  ed Articles of Amendment and fee(s) are submitted for filing.  rn all correspondence concerning this matter to the following:  GISELE SOUZA  Name of Person  ACCOUNT BOOKKEEPING CORP  Firm/Company  5301 CONROY ROAD SUITE 140  Address  ORLANDO FL 32811  City/State and Zip Code  INFO@ABKCORP.COM  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  OUZA  Name of Person  1 407 898-1757  Area Code  Daytime Telephone Number |                                  |   |                            |                |
|                    | Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filling.  eturn all correspondence concerning this matter to the following:  GISELE SOUZA  Name of Person  ACCOUNT BOOKKEEPING CORP  Fim/Company  5301 CONROY ROAD SUITE 140  Address  ORLANDO FL 32811  City/State and Zip Code  INFO@ABKCORP.COM  E-mail address: (to be used for future annual report notification)  her information concerning this matter, please call:  E SOUZA  Name of Person  at (407                               | -                                |   |                            |                |
|                    |   | •                                |   |                            |                |
|                    |   | E-mail address: (                | to be used for future annual report notif | ication)                   |                |
| For further in     | formation c   | oncerning this matter, please or | all:                                      |                            |                |
| GISELE SO          |   |                                  | at (                                      |                            |                |
|                    | Name of   | f Person                         | Area Code Daytime                         | Telephone Number           |                |
| Enclosed is a      | check for th  | e following amount:              |   |                            |                |
| <b>■</b> \$25.00 F | iling Fee   |                                  | Centified Copy                            | Certificate<br>Certified C | of Status &    |

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

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11/13/2018

04:30 PM

6176383 FROM: 5612934213 3267493

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PRIDE ONE SOLUTIONS LLC  |   |   |                            |                 |                   |
|--|---|---|----------------------------|-----------------|-------------------|
| (Name of the Link  | ed Liability Comp<br>(A Florida Limited | any as it now appears o<br>Liability Company) | n our records.)            |                 |                   |
| The Articles of Organization for this Limited Li   | ability Company                         | were filed on 02/19                           | /2018                      | and ass.        | .gacd             |
| Florida document number L18000044833   | ···································     |   |                            |                 |                   |
| This amendment is submitted to amend the folio   | wing:                                   |   |                            |                 |                   |
| A. If amending name, enter the new name of   | the limited ligh                        | ollity company here                           | :                          |                 |                   |
| The new name must be distinguishable and contain the w                                     | ords "Limited Liabi                     | lity Company," the desig                      | gnation "LLC" or the abi   | oreviation "L.f | C."               |
| Enter new principal offices address, if applica  | ible:                                   | 5301 CONROY RO                                | DAD SUITE 140              |                 |                   |
| Principal office address MUST BE A STRBE   | T ADDRESS)                              | ORLANDO FL 32                                 | 811                        |                 | <u>~2.</u>        |
|  |   |   |                            |                 |                   |
| inter new mailing address, if applicable:  |   | 5301 CONROY RO                                | DAD SUITE 140              | ,·.             | 1 FOR STEE        |
| Mailing address MAY BE A POST OFFICE I   | 3 <i>0X</i> )                           | ORLANDO FL 32                                 | 811                        | 1               | -د                |
|  |   |   |                            | •               | Ų                 |
|  |   |   |                            |                 | . ஏ <u>.</u><br>ம |
| ). If amending the registered agent and/c<br>egistered agent and/or the new registered off | or registered of<br>ice address here    | Mice address on o<br><u>e:</u>                | ir records, <u>enter t</u> | he name o       | f the-            |
|  |   |   |                            |                 |                   |
| Name of New Registered Agent:  | DOS SANTOS,                             | CARLOS AUGUST                                 | <u> </u>                   |                 |                   |
| New Registered Office Address:   | 5301 CONROY                             | ' ROAD SUITE 140                              |                            |                 |                   |
|  |   | Enter Florida                                 |                            | •               |                   |
|  | ORLANDO                                 |   | , Florida <sup>3281</sup>  | 11              |                   |
|  |   | 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, Stanture of New Registered Agent

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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 = M<br>AMBR = A | lanager<br>uthorized Member |         |                |
|---------------------|-----------------------------|---------|----------------|
| Title               | Name                        | Address | Type of Action |
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| D.          | If air                   | nending any other infor  | mistlen, enter                                     | change(s) l                    | here: (Allach                          | ı addiriona    | l sheets, if                          | necessary.,                                   | )                                 |                           |
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| E. (        | lf an ef<br><u>Note:</u> | ive date, if other than the two date is listed, the date in this date in this cent's effective date on the | nust be specific au<br>block does not :            | d cannot be pr<br>meet the app | ior to date of fili<br>Heable statuto: | ng or more the | an 90 days                            | ptioual)<br>after filing.) Pe<br>this date wi | ursuan: to 605<br>Il not be liste | .0207 (3)(5)<br>ed as the |
| If t<br>(b) | he red<br>The            | cord specifies a delay<br>90th day after the r   | ed effective (<br>ecord is filed.                  | date, but i                    | not an effec                           | tive time      | , at 12:0                             | 1 a.m. on                                     | the earlie                        | er of:                    |
|             | Dated                    | November 13  |  | , 2018                         | Jan Jan J                              | <i>/</i> 0     |                                       |   |                                   |                           |
|             |                          | OT BLOG THOUGH   | •  |                                | thorized represe                       | าเหน่งของ 2    | nomber                                |   |                                   |                           |
|             |                          | CARLOS AUGUSTO   |  |                                | misd onine of sig                      | inec           |                                       |   | <del>,</del>                      |                           |

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