# 18000179575

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	16 FLOOK Name of Lim	IN G SOLUTION SOLUTIO	ons LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lara	Vatustic Box	<u>neta</u>
	SUGFI	OOVING SUL	tions LLC
	9306 Fore	St Hills Drill Address	Je
	Tampa Sygflo Expail address:	FL 3:3012 City/State and Zip Code COVIDASOLUTION to be used for futural annual report noti	ions a gmas
For further information c	oncerning this matter, please c		
Wa na Name o	tusha Bone		e 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)	☐ \$60.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)
	ANG ANNUEGO	CTD POT (COLID)	VD . DDDDGG

#### 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Company v	vere filed on	25 2019	and assigned
Florida document number <u>L180004795.75</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability	ty Company." the design	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			DIVIS DIVIS
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	AUG TO
		**	3 F. C.
			PH 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	,	-	3 110H
(Maning daarens MAT BE A TOST OF TICE BOA)			- in
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on ou :	ir records, <u>enter t</u> l	he name of the new
Name of New Registered Agent:			<del>.</del>
New Registered Office Address:	Enter Florida	street address	<del></del>
	City	, Florida	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	Lara Natasha Boneta	9300 Forest Hills Dr. Tampa, FL 33612	🗹 Add
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Page 3 of 3

Filing Fee: \$25.00