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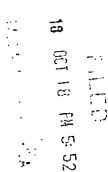
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: All	Solutions, LCC. Name of Limi	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:	
	Minam	Sardinas Name of Person	
	AIA Solutio	nS LC Firm Company	
	3011 W. Sigr	vature Dr. #204	
	Davie, Fl	33314 City/State and Zip Code	
	Minam Gora	clinas wamail. Curro be used for future annual report notifi	Tication)
For further information c	oncerning this matter, please co	all:	
Minam S	DAMINAS of Person	at (<u>7 &C</u>) <u>(lo Ce -</u> Area Code Daytimo	OISI e Telephone Number
Enclosed is a check for the	he 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)

MAILING ADDRESS: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

AIA Solutions, L	LC	
(<u>Name of the Limited Lia</u> (A Fle	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ity Company were filed on $08/38/18$ and	Lassigned
Florida document number <u>L 180003058QC</u>	<u>) </u>	
This amendment is submitted to amend the following	ig:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:	·	3
(Principal office address MUST BE A STREET AL	DDRESS)	
		ڬ
Enter new mailing address, if applicable:		- 25
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office a	registered office address on our records, <u>enter the na</u> <u>address here</u> :	me of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Regist		
, se se <u>inclusion ou content sericum un ce</u> in chan <u>e in e</u> incluse inclusi	*** * * * * * * <u>* * * * * * * * * * * </u>	

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

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
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Filing Fee: \$25.00