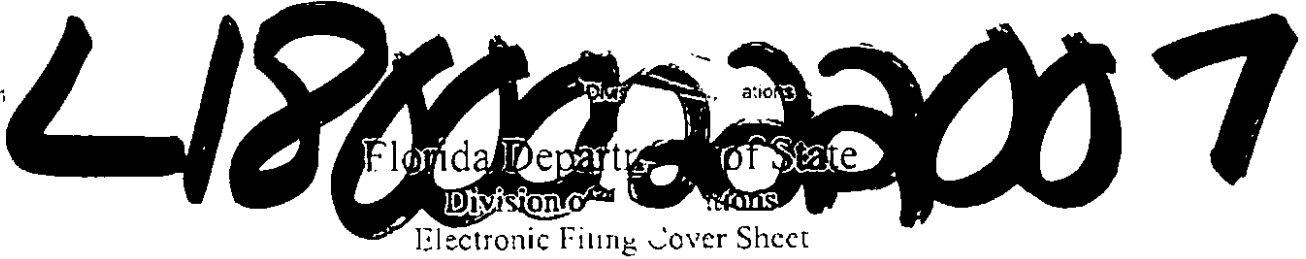


4/29/2021



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

((H21000172720 3)))



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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : TAP SOLUTIONS INC  
Account Number : I20210000103  
Phone : (786)615-3057  
Fax Number : (786)615-3058

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: info@tapsolution.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TRANSQUALITY SERVICE LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

21 APR 29 PM 1:01

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STATE OF FLORIDA

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REV 1.0 (200)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRANSQUALITY SERVICE 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 Company were filed on 04/29/2021 and assigned Florida document number L18000222007.

This amendment is submitted to amend the following:

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

510 NE 93RD ST

MIAMI FL 33138

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

510 NE 93RD ST

MIAMI FL 33138

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

GILBERTO SANTANA

New Registered Office Address:

510 NE 93RD ST

*Enter Florida street address*

MIAMI

*City*

Florida

33138

*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.*

Gilberto Santana

If Changing Registered Agent, Signature of New Registered Agent

21  
APR 29 PM 1:01  
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FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALEJANDRO REYES	8483 WEST COMMERCIAL BLVD	<input type="checkbox"/> Add
		TAMARAC FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GILBERTO SANTANA	510 NE 93RD ST	<input checked="" type="checkbox"/> Add
		MIAMI FL 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

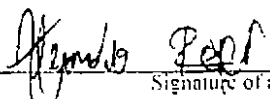
**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

OFFICAILLY ADD IN THE ARTICLES OF INCOPORATION THAT MR GILBERTO SANTANA INFO  
IS NOW THE AUTHORIZED MEMBER

- E. Effective date, if other than the date of filing:** 04/29/2021 **(optional)**  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 29 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ALEJANDRO REYES

\_\_\_\_\_  
Typed or printed name of signer