# L18000224472

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Amend

APR 1 7 2019

I ALBRITTON

## **COVER LETTER**

	gistration Sectision of Corp										
SUBJECT:	FOR Direct Solutions LLC										
oonate i.		Name of Limi	ted Liability Company								
The enclosed	l Articles of A	mendment and fee(s) are subr	nitted for filing.								
Please return	all correspon	dence concerning this matter t	o the following:								
		Carlos Ledo									
			Name of Person								
		The Ledo Law Firm PLLC									
Firm/Company 8200 West 33 Avenue, #12 Address											
								Hialeah, F1, 33018			
								cledo@ledolegalpro.com	City/State and Zip Code		
		E-mail address: (to	o be used for future annual	l report notificatio	n)						
For further in	ntormation cor	ncerning this matter, please ca	11:								
Carlos Ledo				33-6529							
	Name of I	Person	at () Area Code	Daytime Tele	phone Number						
Enclosed is a	check for the	following amount:									
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		□ \$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 TO ARTICLES OF ORGANIZATION OF

IOR Direct Solutions LLC				
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our re I Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Company were filed on 09/20/2018				
Florida document number 1.18000224472				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liah	pility 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)		. 2e		
		سببد ئ <u>َ</u> رِ		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		P		
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address he	office address on our rec <u>re</u> :	ords, enter the name of the		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street ac	liteoss		
	Cuv	, 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
MBR	Azal LLC	300 NW 136th Avenue	_
		Miami, FI. 33182	<b>=</b> Add
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Effect	ive date, if other than the date of filing:
(If an eff	fective 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 605,020
docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
the rec	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
) ine	90th day after the record is filed.
	April 8 / 2019
Б	
Dated	
Dated	

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Typed or printed name of signee

Filing Fee: \$25.00