## 118000255514

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Address)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800322186898

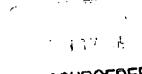
12/28/18--01010--006 \*\*25.00

FILED

19 JAN -4 PM 3: 14

SECRETARISER PROBLEM

OF THE PROBLE



TSCHROEDER

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION <u>OF</u>

FAVS SOLUTIONS, LLC	•	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	•
The Articles of Organization for this Limited Liability Company Florida document numberL18000255514	were filed on 10-30-2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- 1	
(Principal office address MUST BE A STREET ADDRESS)	279 E 99TH 33013	St, HIAEAH, F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:		nter the name of the new
	, Florid:	
	Čitv	S Za 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:

Title	<u>Name</u>	Address .	Type of Action
MĠR	FELIX VICENTS	13000BREAKIN DOWN ORLANDO FL 32824	■ Add
		13000 BREAKING DAWN	DZ, OHAN Remove 32824
	s 1		□ Change
MGR	FELIX VICENT	279 E 49 tH 50 Hz	AleaH, FL madd 33013
		·	□ Remove
			<b>★</b> Change
AMBR	& ELIANA MACUA	RE 279 E 49 TH St, HIALE	/
			✓ SS □ <b>Ro</b> move
			Change Change
	<del></del>		
			→ ERemove
			Change
			Add
		<del></del>	☐ Remove
			☐ Change
·			□ Add
			☐ Remove
			Change .

AND THE ADDRES	S TO 13000 BREA	IX VICENTS KIN DOWN DR	APT 333 OR	LANDO FI	<b></b>			-
CHANGE	FEIX	VICE	NTS	BF	OR -	Felz	<u> </u>	V I
AND THE	ADDRES	SS TO	279	E 4	9tH	St,	HIA	LEA:
33013			•	•		/		
:21:2 <b>0                                    </b>				·				_
				•				-
			<del></del>		<del></del>			_
								_
								_
						No.	<del>- 25</del>	_
			<del></del>	<del></del>		#설 표면 35원	HAL	<u>-T</u>
		<u></u>				(SS)	ţ-	
							₽ :	
						36 W	က် ,	
					<u> </u>	<del>) =</del>	1	-
		······································						-
ective date, if other th	an the date of fili	ing:			(option	al)		
n effective date is listed, the ter. If the date inserted in	n this block does no	t meet the applica	able statutory t	or more than 9 iling require	0 days after fil ments, this d	ling.) Pursi ate will r	uant to 60 iot be lis	5.0207 (: ted as ti
cument's effective date of	on the Department o	f State's records.						
record specifies a d	lelayed effective	date, but no	t an effectiv	e time, at	12:01 a.r	n. on th	ne earli	ier of:
he 90th day after t	he record is file	d.						
NOVEMBER 14		2018						
		· /o	<u> :                                  </u>	_				
		77.	$\supset$					

Page 3 of 3

Filing Fee: \$25.00