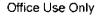
## 119000014292

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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JUN : 7 202U I ALBRITTON

## COVER LETTER

TO: Registration Section Division of Corporation		•	
SUBJECT: FCU	Solution	15 110	
SUBJECT	Name of Limit	ed Liability Company	
The enclosed Articles of Amo	endment and fee(s) are subm	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
	Alfredo	Alca/a Name of Person	
	Fasoli	UFIONS CLC Firm/Company	
	1934-Harbo	or BAY T -1	INIT 2
-	Kissimmee,	F/ 34741 City/State and Zip Code	
_	Support a For E-mail address: (to	be used for future annual report noti	fication)
For further information conce	erning this matter, please cal	1:	
Alfredo A Name of Per	ICA/A	at (407) 350- Area Code Daytim	0148 e Telephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee □	2 \$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 Sect	tion	<u>Street Address:</u> Registration Se	ction
Division of Corp		Division of Cor	porations
P.O. Box 6327		The Centre of T	Pallahassee

Tallahassee, FL 32314

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) ciability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900014 242</u> .	were filed on OI /14/2019 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	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- ro f
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1934-Harby Bay CT Unit. 2 Kissimmee, Fl 34741
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registe
Name of New Registered Agent: Revolu	do D Mirauda
New Registered Office Address: 1934 - Ho	Emer Florida street address
_K1551ma	nee . Florida 34741  City 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 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.

Reinaldo II

If Changing Registered Agent, Signature of New Registered Agent

it anichaing Authorized reison(s) authorized to manage, enter the title, hame, and address of each person being ac or removed from our records: MGR = Manager AMBR = Authorized Member Title **Address** Name Type of Action Remaldo Miranda MGR 1934-Harbor BAY ct. unit 2 Kissimmer Add F1 34741 PRemove MGR Alcala YANIRIS 1934-Harbor Bay of Unil-2 DAdd KISSIMMER, F134741 TOREMOVE \_\_\_\_\_ Change \_\_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ 🔲 🗆 🗖 Add \_\_\_\_\_ □Change \_\_\_\_\_ 🗆 🗀 Add \_\_\_\_\_ □Change

Effective date, if other than the date of filing:  [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 605.03.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  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 date of the date of the date of the date of a member of a me							
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Signature of a member or authorized representative of a member	Dated <u>D</u>	5/22/2020	<u> </u>	<del></del> .			
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