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(Requestor's Name) (Address) (Address) (City/Stale/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
LODNE
J. HORNE
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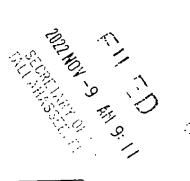
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TO: Registration Sec	tion	
Division of Corp	orations	
\ \	C -	
SUBJECT:	<u> 3</u> Ca15 S	iolutions LLC
	Name of Limi	ted Liability Company
The analoged Autol Co		
The enclosed Afficies of A	amendment and fee(s) are sub-	nitted for filing.
Please return all correspon	dence concerning this matter t	to the following:
	C marrier (o inc anaswing.
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		Name of Person
		Name of Person
	211	cars solutions ((c
	<u></u>	
		Firm/Company
	5280	NW 84th Ave 1906
		Address
	Mani	FL 33166 City/State and Zip Code
		City/State and Zip Code
	USCA	(SOLUTIONS (9) OUTLAND COOR
	E-mail address: ()	SOLUTIONS 9 OUTLOOU. Com o be used for future annual report notification)
For further information co	ncerning this matter, please ca	
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- Emily	Geneo	305, 890-8217
Name of	Person	at (305) 890 - 8717 Area Code Daytime Telephone Number
		Total Total Turner
Unalasadia a la la cara	•	
Enclosed is a check for the	e following amount:	
💆 \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy Certificate of Status &
		(additional copy is enclosed) Certified Copy
		(additional copy is enclosed)
Mailing Address		_
Registration S		Street Address:
Division of Co	orporations	Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee. F	L 32314	2415 N. Monroe Street, Suite 810
		*** ** *

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	s solution		
(Name of the Limited)	Linbility Company as it now ap Florida Limited Liability Compa	penrs on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on	04/05/2019	and assigned
Florida document number L 190000 9	4717		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company	y <u>here</u> :	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," t	he designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on or here:	ir records, <u>enter the name</u>	e of the new registered
Name of New Registered Agent:	Lorella	(oculiza	
New Registered Office Address:			
	Enter	Florida street address	
		, Florida	
	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 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
MBU	Lorella Cuculiza	7847 NW S3rd ST	
		Miani, FL 33166	🗆 Remove
uc v			□Change
MGR	Enily Genao	7847 NW 53rd ST	🗆 ∧dd
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te: If the date inserted in the cument's effective date on the			ble statutory filin	g requirements.	this date will not	be listed
ecord specifies a delayed ef is filed.	fective date, but no	ot an effective tir	ne, at 12:01 a.m.	on the earlier of	(b) The 90th da	ay after t
ted Novembe	Y 09	2022	·			
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	Signature of a	member or autho	rized rennecentaries	of a member		

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