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(Re	equestor's Name)	
(Ad	ldress)	
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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	Registration Division of C			
cub itc		Solutions, LLC		
SUBJEC	JI:	Name of Lim	ited Liability Company	
		of Amendment and fee(s) are sub	-	
		Pablo Quintana		
		Aumento Solutions, LLC	Name of Person	
		3853 Northdale Boulevard	Firm/Company , Suite 102	
		Tampa, Florida 33624	Address	
		Aumento.Reinvestments@0		
For furth	er informatior	E-mail address: (in concerning this matter, please ca	to be used for future annual report notifi all:	cation)
Pablo Qı			813 724-8125 at ()	
	Namo	of Person	Area Code Daytime	Telephone Number
Enclosed	is a check for	the following amount:		
\$25.0	00 Filing Fee	□ \$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:

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 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

Aumento Solutions, LLC		
(<u>Name of the Limited Liab</u> (A Flor	illity Company as it now appears on or ida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability	Company were filed on May 09,	2019 and assigned
Florida document number L19000125981	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
		2
		Ü.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>. </u>
		ယ္
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida stre	et address
<u> </u>		, 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>	<u>Address</u>	Type of Action
AMBR	Marjorie Elford	3853 Northdale Boulevard, Suite 102 Tampa, Florida 33624	■ Add
			☐ Remove
			☐ Change
			
			Remove
		Change	
		Add	
		- 	□ Remove
			☐ Change
		Add	
		☐ Remove	
			Change
		Remove	
		Change	
		🗖 Add	
			☐ Remove
			□ Change

~ mill	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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F F64	10/18/2019
(If an effi Note:	ve date, if other than the date of filing: (optional) ective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _.	11/18/19 12:59
	Standare of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00