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2019 NCT 21 PM 4: 08

C. GOLDEN

HOV - 8 2019

## **COVER LETTER**

ALL FORM	MS AND SOLUTIONS, LLC.		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	Lidisis Achang Rivas	to the tonoving.	
	<del>- · · · · · · · · · · · · · · · · · · ·</del>	Name of Person	
	All Forms and Solutions L	LC.	
	<u> </u>	Firm/Company	
	18912 NW 48 Ave		
		Address	
	Miami, Florida 33055		
	arqluiso@hotmail.com	City/State and Zip Code	
	E-mail address: ()	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	ill:	
Lidisis Achang Rivas		786 3559389 at ()	
Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 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:

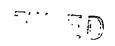
Registration Section Division of Corporations

> 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



ALL FORMS AND SOLUTIONS, LLC.

2019 DCT 21 PM 4: 08

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on September 10, 2019 and assigned Florida document number L19000228759 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_, 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>	<u>Address</u>	Type of Action
MGR	LIDISIS ACHANG RIVAS	18912 NW 48 AVE MIAMI FL 33055	
			Remove
			Change
	<del></del>		
			Remove
			Change
			🗖 Remove
			□ Change
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			Change

I am adding the	second last name to t	he MGR.		<del></del>	
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ective date, if oth	er than the date of	filing:	r to date of tiling or mo	(optional) e than 90 days after filing.) F	tursuant to 605 0207 (
te: If the date inser	ted in this block does	s not meet the appli	cable statutory filing	requirements, this date w	ill not be listed as t
ument's effective (	late on the Departmen	in of State's records	S.		
record specifies	a delaved effect	tive date, but n	ot an effective tir	ne, at 12:01 a.m. or	n the earlier of
he 90th day aft	er the record is f	filed.		,	
, October 14		2019			
ed	<del></del>	, <u></u>	·		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00