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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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MAIL

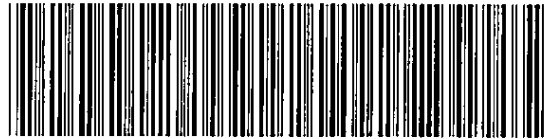
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TEKSOL GROUP LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAUDIA CRISPIN  
Name of Person  
TEKSOL GROUP LLC  
Firm/Company  
8008 NW 68 ST  
Address  
MIAMI, FL 33166  
City/State and Zip Code  
CCRISPIN@TEKSOLGROUPSOLUTIONS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIA CRISPIN 305 922-6773  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the 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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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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>	<u>Type of Action</u>
MEMBER	CESAR RENAN NOVOA	2555 COLLINS AVE	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MEMBER	GUILLERMO ADRIAN ARAUJO	PITAHAYAS 4, SECCION 1, CASA 17, ZIBATA	<input checked="" type="checkbox"/> Add
		EL MARQUES, QUERETARO 76269	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MEMBER	DOLORES LORA COLLADO	12531 SW 18ST	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MEMBER	DIEGO GUERRERO DE LUNA	CALLE GENERAL BORGONO 1142 DPTO 204	<input checked="" type="checkbox"/> Add
		MIRAFLORES, LIMA PERU	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 06th 2024

CLAUDIA CRISPIN

Typed or printed name of signee

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