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Certified Copies	_ Certificates	s of Status
Special Instructions to	Cilian Officer	;
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

GARCIA S	OLUTION MULTISERVICE I	.I.C	
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DAYANA BARRETO GAI	RCIA	
		Name of Person	
		Firm/Company	2022 SEP
	8404 WILSKY BLVD STE	E 115	SEP -
	TAMPA FL 33615	Address	2022 SEP -6 PH 12: 07
	tampagarcia19@icloud.com	City/State and Zip Code	PHI2: 07
DAYANA BARRETO G	oncerning this matter, please ca	813 6827976 at ()	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 1 Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of To	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	8404 WILSKY BLVD STE 115 TAMPA FL 33615				
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ision 2 SEI				
	<u>Y</u>				

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	

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 = Mai AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	

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