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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Sertified Copies Certificates of Status	
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2027 SEP 13 PH 2: 32 SECRETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

ro:

THE INTERPOLATION	WQY5 LLC nited Liability Company	
The enclosed Articles of Amendment and fee(s) are suitable asserted all correspondence concerning this matter		
. Martha	LUZ DUUYEZ Name of Person	
· MILS BUS	iness Solution	is LLC
7449 Pounc	ard CT Address	
Lakeworth marthase E-mail address:	City/State and Zip Code Om US business Ito be used for future annual report notifi	olutions.com
for further information concerning this matter, please of	call:	2022 SEP SECRETA
Martha WZ SUAVEZ Name of Person	at (<u>56</u>) <u>5094</u> Area Code Daytime	HARVER STATE Telephone Number SEE STATE To S
nclosed is a check for the following amount:		32 11E
≥ \$25.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (adard-mal 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 Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I		m our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000003726</u>	were filed on	2/22/2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company ber	;;
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2022 SEC. TA
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 1. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our rec	SEP 13 PI 2:32 RETARY OF STATE LAHASSEE, FL
New Registered Office Address:		
	Enter Florid	a street address
	City	, Florida Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	<u> </u>	
hereby accept the appointment as registered agent and agreevisions of all statutes relative to the proper and complete exept the obligations of my position as registered agent as using filed to merely reflect a change in the registered office empany has been notified in writing of this change.	performance of me provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

if Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
M6R	Luis A Rodriguez	7449 Pochard Ct	□Add
		Laxcoath, F1 33463	Remove
	The Luis Aluciation		Change
<u> 16R</u>	Rodriguez Living Trus	7 7449 Pochard CT	ZAdd
		17449 Pochard CT Lakeworth, Fl 33463	<u>□</u> □Remove
			□Change
		SECRET	□ Add 2022 SEIRemove
		ARY OF STATE	Chai៉ាន្លីថ្មី
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ocument's effective date on the Department of State's records					
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record specifies a delayed effective date, but not an effective time is filed. ated	<u> </u>	member			