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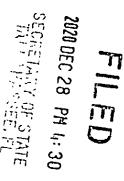
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## **COVER LETTER**

TO:

TO: Registration So Division of Co				
MILLENN	IUM ACCOUNTING SOLUT	ION, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Diler Vasquez			
		Name of Person		
		Firm/Company		
	3490 Foxcroft Rd B 306		2020 DEC 28 SECRETARY	7
		Address	DEC.	ا ا سے
	Miramar FI/ 33025		, 00	T
	dilervasquez@gmail.com	City/State and Zip Code	PH 4: 30	-
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report notifiall:	cation) 30	
Diler Vasquez		786 6569642		
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
<b>■</b> \$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 Addres Registration		Street Address: Registration Sect	tion	
Division of C	Corporations	Division of Corp		
P.O. Box 632		The Centre of Ta		
Tallahassee.	FL 32314	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Millennium Accounting Solution, LLC (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  $\frac{01/06/2020}{1}$ and assigned Florida document number <u>L2</u>0000011744 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Diler Solutions, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." 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 igent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and rept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability upany 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>	Name	Address	Type of Action
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Signature of a member or authorized	

Filing Fee: \$25.00