## L20000056252

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## **COVER LETTER**

TO:

	egistration Section Section of Corp			,
SUBJECT		SE SOLUTIONS PROVIDER	S, LLC	
	i:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ım all correspon	ndence concerning this matter	to the following:	
		ABBY PULLO		
			Name of Person	
			Firm/Company	
		15 HICKORY KNOLL DI		
			Address	
		EASTON, CT 06612		
			City/State and Zip Code to be used for future annual report noti	fication)
		oncerning this matter, please ca	all:	
ABBY PU			203 951-3179 at ( )	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed i	s a check for th	e following amount:		
■ \$25.06	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)
R D P	failing Address tegistration Solvision of Co to Box 632 Callahassee, F	Section Orporations 7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee ee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L20000056252	Company were filed on January 3, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
AJ HOLDING COMPANY, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	aZip 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>	Address	Type of Action
		***	□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
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			□Remove
			☐ Change
	<del></del>		□Add
			□Change
			□Add
			□Remove

If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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(If an effe	ve date, if other than the date of filing:  (optional)  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	September 13 , 2024
	Signature of member or authorized representative of a member
	ABBY PULLO
	Typed or printed name of signee

Filing Fee: \$25.00