L20000063013

| (Requestor's Name) |
|-----------------------------------------|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: | Registration Se Division of Co | | | |
|--------------|-----------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|--------------------------|
| CUDI | IF CF | SALAZAI | R BUSINESS SOLUTION | S LLC |
| SOBJ | ECT: | Name of Lim | ited Liability Company | |
| The e | nclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | e return all correspo | ondence concerning this matter | to the following: | |
| | | | Bradley Mayes | |
| | | • | Name of Person | |
| | | | BizAccountants | |
| | | | Firm/Company | |
| | | 1070 | W Horizon Ridge Pkwy St | e 201 |
| | | | Address | |
| | | | Henderson, NV 89012 | |
| | | | City/State and Zip Code | |
| | | | porate@bizaccountants.co to be used for future annual re | |
| For fu | irther information c | concerning this matter, please c | | , |
| | Bradley ? | Mayes | 702 at () | 480-4341 |
| | Name o | if Person | Area Code | Daytime Telephone Number |
| Enclo | sed is a check for t | he following amount: | | |
| ■ \$2 | 25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & |
| | Registi Divisio | ING ADDRESS: ration Section on of Corporations ox 6327 | Registratic | f Corporations |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SALAZAR | BUSINESS SOLUTIONS | LLC | |
|------------------------------------------------------------------|---------------------------------------------------------|--------------------------|-----------------------|
| (<u>Name of the Limited Liabilit</u> (A Florida | y Company as it now appea Limited Liability Company) | rs on our records.) | - |
| The Articles of Organization for this Limited Liability Co | ompany were filed on | 02/26/2020 | and assigned |
| Florida document numberL20000063013 | _• | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limit | ted liability company h | <u>ere</u> : | |
| I STOP SOLUT | ΓIONS LLC | | |
| The new name must be distinguishable and contain the words "Limi | ted Liability Company," the c | lesignation "LLC" or the | abbreviation "L.L.C." |
| Finter new principal offices address, if applicables | | | |
| • • | Ecc) | | - |
| <u>(Principal office address MUST BE A STREET ADDR.</u> | <u> </u> | | <u>ੂ ਨੂੰ</u> ਡਾ |
| | | | <u> </u> |
| | | | 29 |
| Enter new mailing address, if applicable: | | | 30 10 m |
| (Mailing address MAY RE A POST OFFICE ROX) | | | |
| | - | | - |
| | | | |
| registered agent and/or the new registered office addr | | our records, <u>ente</u> | r the name of the nev |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | | |
| New Registered Office Address: | | | <u> </u> |
| | Enter Flo | rida street address | |
| | | Florida _ | |
| Florida document number | Zip 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 |
|--------------|--------------------|-----------------------|------------------------------------------|
| AMBR | Tara Marie Salazar | PO BOX 112954 | Add |
| | | STAMFORD, CT 06911 US | ☐ Remove |
| | | PO BOX 112954 | |
| AMBR | Tara Marie Bonneau | STAMFORD, CT 06911 US | Add |
| | | | ☐ Remove |
| | | | Change ::: |
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| (If an effective Note: If the | ate, if other than the date of date is listed, the date must be specified attended in this block does effective date on the Department | cific and cannot be prior is not meet the applic | to date of filing or more table statutory filing re- | than 90 days after filing.) Pur | suant to 605,0207 not be listed as |
| he record The 90t | specifies a delayed effec h day after the record is | tive date, but no filed. | ot an effective time | e, at 12:01 a.m. on t | he earlier of |
| | November 17th | . 2023 | · | ~ ~ | |
| Dated | | | | // | |
| Dated | | Wyen | ~ // | ten | |

Page 3 of 3

Filing Fee: \$25.00