## L200000 93413

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JUN 0 9 2020 S. YOUNG

## · COVER LETTER

TO: Registration Division of (							
	a Solutinos LLC						
SUBJECT:	BJECT:						
Dear Sir or Madam;							
The enclosed Stateme	ent of Correction and fee(s) a	are submitted for filing	<u>ž</u> .				
Please return all corre	spondence concerning this r	matter to the following	<u>.</u>				
Amleht Rosa							
	Name of Person		-				
A Media Solutinos L	LC						
	Firm/Company		-				
8835 Cleary Blvd							
	Address		-				
Plantation, F1, 33324							
	City/State and Zip Code		-				
arosa@amediasolutic	ni.net						
E-mail address:	(to be used for future annua	l report notification)	-				
For further information	on concerning this matter, ple	ease call:					
Amleht Rosa		954 at (	1				
Nat	ne of Person	Area Code	Daytime Telephone Number				
P.O. Box	on Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check	for the following amount:						
21\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy				

CR2E062 (9/15)

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ection 605,0209, F.S., this document is being submitt		
FIRST:	The r	name of the limited liability company is:	utions LLC	
SECON	<u> </u>	The Florida Document number of the limited liab	oility company is: L20000093413	_
THIRD	<b>)</b> ;	Document to be corrected is:		_
	_	(CHECK THE APPROPRIATE BOX AND COM		
<b>2</b>		nins an incorrect statement. The incorrect statement, ment are as follows:	the reason the statement is incorrect, and the correct	ned
		name of the company is incorrect registered as A Media		26
		ions LLC.	41 <u>&lt;</u>	)20 t
			### -	2020 HAY
	<u>OR</u>		> N	18 AM
Ø	Was as fol	defectively signed. The manner in which the docum flows:	ent was defectively signed and the appropriate corr	ectio <b>gr</b> are
				<u> </u>
	<u>OR</u>			
<b>2</b>	The c	electronic transmission of the record was defective.		
		Signature of Authorized Representative	Date	
		new registered agent, if applicable :( NOTE: if corrected designation).	ting the registered agent, the new registered agent r	nust sign
l hereby provisio obligati	v acce <sub>l</sub> ons of ons of vehan	(hell) shora	act in this capacity. I further agree to comply with t ormance of my duties, and I am familiar with and ac Thapter 605, F.S. Or, if this document is being filed	cept the to merely
			-	
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	

CR2E062 (9/15)