

L20000 131589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

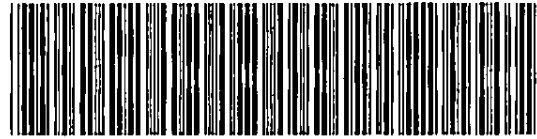
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21 APR -8 AM 10:33

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADMD SOLUTIONS, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARISA DILOSSI
Name of Person

ADMD SOLUTIONS, LLC.
Firm/Company

16416 US Hwy 19 N lot 918
Address

Clearwater, FL 33764
City/State and Zip Code

marisa @ admd.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARISA DILOSSI at (610) 717-6296
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CLERK OF THE COURT
DIVISION OF COURT OF ALTA

21 APR -8 AM 10:33

ADMO SOLUTIONS, 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 _____ and assigned Florida document number _____.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 agent and/or the new registered office address here:

Name of New Registered Agent:

Arturo Del Rio Jr.

New Registered Office Address:

16416 US Hwy 19N. lot 918

Enter Florida street address

Clearwater

City

Florida

33764

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

STATE OF FLORIDA
DIVISION OF CORPORATION

<u>Title</u>	<u>Name</u>	<u>Address</u>	21 APR -8 AM 10: 33	<u>Type of Action</u>
CEO	Arturo Del Rio Jr.	16416 US Hwy 19 N.		<input checked="" type="checkbox"/> Add
		107 918 Clearwater,		<input type="checkbox"/> Remove
		FL 33764		<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
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				<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Arturo Del Rio Jr. to hold majority ownership
of ADMO Solutions LLC. with 70% ownership
and Marisa DiLossi retain 30% ownership.

21 APR -8 AM 10:33
DIVISION OF CORPORATE & BUSINESS SERVICES


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated April 7th 2021



Signature of a member or authorized representative of a member

Marisa DiLossi

Typed or printed name of signee

Filing Fee: \$25.00