120000149267

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JUL 02 2020 S. YOUNG

COVER LETTER

TO:

	Registration Se Division of Corp			
cupuro		4'S SOLUTIONS LLC	,	•
SUBJEC		Name of Lim	ited Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
			ZAIRIS CRUZ	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ection reporations Fallahassee be Street, Suite 810
		AAM'S SOLUTIONS LLC Name of Limited Liability Company Sof Amendment and fee(s) are submitted for filing. Sepondence concerning this matter to the following: ZAIRIS CRUZ		
		AE	BRAHAM'S SOLUTIONS LLC	
			Firm/Company	
			6961 West 5th Ln	
			Address	
			Hialeah FL, 33014	
		-	City/State and Zip Code	
		C and address.	•	7e
المحادث	:- 6		-	meation)
		oncerning this matter, please c		
AHMED	ABRAHAM		at ()	· · · · · · · · · · · · · · · · · · ·
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
1	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	section orporations 7	Registration Se Division of Cor The Centre of T 2415 N. Monro	porations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABRAHAM'S SOLUTIONS LLC		020
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our reco Liability Company)	rds.
The Articles of Organization for this Limited Liability Company Florida document number L20000149267	were filed on 06/01/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6961 West 5 Ln. Hialeah FL	, 33014
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6961 West 5 Ln. Hialeah FL	. 33014
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u> e	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
		Florida
	City	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>	<u>Address</u>	Type of Action
MGR	ZAIRIS CRUZ	19282 NW 89 AVE HIALEAH, FL 33018	□ Add
			Remove
			□Change
		······	□Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□Change
· .			DAdd
			□Remove
			□ Change

II Am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	······································
	<u> </u>
(If an ei	tive date, if other than the date of filing: [Coptional] [Coptional]
he reco	rd 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 iled.
Dated	June 08 2020
	Signature of a member or authorized representative of a member
	Zairis Cruz

Filing Fee: \$25.00