

h200000152708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

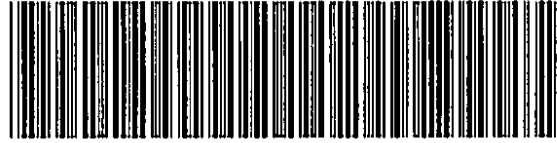
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUN 16 AM 10:02
RECEIVED
STATE OF CONNECTICUT
DEPARTMENT OF REVENUE

Amend/Name Change

SEP 07 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations
2535 Enterprises LLC

SUBJECT: 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:

CHARLES MICHAEL MUNOZ
Name of Person
Firm/Company
790 11th Ave Apt 13F
Address
New York, NY 10019
City/State and Zip Code
charles.m.munoz@gmail.com
E-mail address: (to be used for future annual report notification)

2022 JUN 16 PM 10: 02

For further information concerning this matter, please call:
CHARLES MICHAEL MUNOZ 347 301-9971
Name of Person at () 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

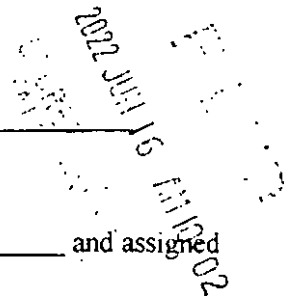
Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2535 ENTERPRISES 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 06/09/2020 and assigned
Florida document number 1.20000152708



This amendment is submitted to amend the following:

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

2535 SOLUTIONS LLC

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)

5956 FOREST GROVE DR APT 3

Boynton Beach, FL 33437

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ATTN: CHARLES MICHAEL MUNOZ

790 11th Ave APT 13F

New York, NY 10019

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:

CHARLES MICHAEL MUNOZ

New Registered Office Address:

5956 FOREST GROVE DR APT 3

Enter Florida street address

BOYNTON BEACH

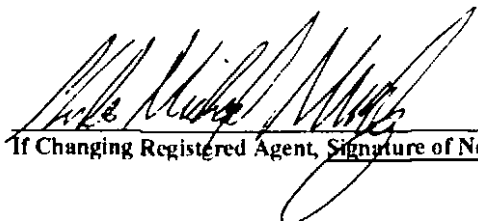
Florida 33437

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>	<u>Type of Action</u>
MGR	CHARLES MICHAEL MUNOZ	790 11th Ave	<input type="checkbox"/> Add
		Apt 13F	<input type="checkbox"/> Remove
		New York, NY 10019	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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 06/09/2022

Handwritten signature of Charles Michael Muñoz

Signature of a member or authorized representative of a member

Charles Michael Muñoz

Typed or printed name of signee