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COVER LETTER

TO:	Registration Se Division of Cor		. 4	•
	El Delfin In	gles	•	
SUBJE	ECT:	Name of Lim	ited Liability Company	·
		Name of Limi	ned Elability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Timothy Paul Maun Akey		
			Name of Person	
		El Delfin Ingles, LLC		
			Firm/Company	
		8108 SW 10th PL		
			Address	
		Gainesville, F1, 32607		
		timothypmakey@gmail.com	City/State and Zip Code	
			o be used for future annual report notif	• · · · · · · · · · · · · · · · · · · ·
			·	(cation)
		oncerning this matter, please ca		
Timoth	ıy P M Akey		352 246-1742	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
				·
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting 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

EL DELFIN INGLES 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 $\frac{06/25/2020}{}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MAUN ATSOLUTIONS 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) 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: New Registered Office Address: Enter Florida street address

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.

City

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
			
			□Remove
			□Change
			
			Remove
			□Change
		 	□Remove
			□Change .
			□ Add
			Remove
		·	□Change
			□Add
		 	□ Change
			□Add
			□Remove
			□Change

Page 2 of 3

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Effective date, if other than the date of filing:				
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