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2022 SEP 26 PM 1: 24 SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:		N TURES LLC	**************************************
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ALVAR	O ORTEGA Name of Person	
	10×	MULTISOLUTION S	
	1983 S. MI	LITARY TRAIL	
	WEST F	City/State and Zip Code / City/State and Zip Code / COX MU 1150 / U from Some used for future annual report notific	SECRETARY OF STALL AHASSEE, F. S. To Telephone Number
For further information co	oncerning this matter, please ca		RY OF
ALVARO (Name o		at (<u>561</u>) <u>310</u> Area Code Daytime	5570 PH 524 Telephone Number PH 524
Enclosed is a check for th	ne following amount:		
S25.00 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 Addres Registration S		<u>Street Address:</u> Registration Sect	ion

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

MEXICO DEXITURES 116

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 20 000178577</u> .	y were filed on <u>06</u> /	$\frac{125}{2020}$ and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
The new name must be distinguishable and contain the words "I imited Liab	oility Company," the design	nation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		ZZ SEP			
		26 PM ARY OF HASS			
Enter new mailing address, if applicable:		M ₁₀ -			
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	rds, enter the name of the new register			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida s	rreet address			
		, 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 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
AMBR	ADRIANA SANCHEZ ROBLEDO	1983. S. MILITARY TRAIL	Add
		SVITE B	□Remove
		WEST PALM BEACH, YL 33415	□Change
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						SECRETARY OF S TALL ATTASSEE

Typed or printed name of signee , AMBR