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COVER LETTER

TO: Registration Section Division of Corporations	• •
SUBJECT. AD Austhesia Solo	utions, LLC
Name of Limit	ed Liability Company
SUBJECT: AD Ausstusia Solutions, LLC Name of Limited Liability Coolpany The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Auxa Siane 2 Name of Person AD Ausstusia Solutions, LLC. Firm Company I 4243 NW 83'd PL Address With ani Jakes FL 3301k City/State and Zip Code 2 Nika S 88 Q Julion 85 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Auika Siane 2 Name of Person at 786 277 - 0027 Area Code Daytine Telephone Number Enclosed is a check for the following amount: ### \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee	
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Please return all correspondence concerning this matter to	o the following:
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Auika	Siane Z
	And Australia Solutions LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. All correspondence concerning this matter to the following: All correspondence concerning this matter to the following: All Ausalus Solutions LLC. Firm Company 14243 NW 83 PL Address Miami Lakes FL 33016 City/State and Zip Code Anikads 88 Q Jahon. es E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: Name of Person 148
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	Firm/Company
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Miami Lake	nelosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Aui Ka Siane 7 Name of Person AD Auschheria Solutions, LLC. Firm Company 14243 NW 83 rd PL Address Miami Lakes, FL 3301k City/State and Zip Code 2nikads 58 (@ yano, es E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call: Mila Siane 7 Name of Person at 786 277 - 0027 Area Code Daytime Telephone Number Dosed is a check for the following amount: (25 00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations
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For further information concerning this matter, please or	rtt:
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Name of Person	at (73 %) 27 + 0027 Area Code Daytime Telephone Number
Englaced is a check for the following amount:	
	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee
Certificate of Status	Certified Copy Certificate of Status &
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Tallahassee, FL 32314	
	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AD Awstlusia Solu (Name of the Limited Liability Cor (A Florida Limit	Mions LLC mpany as it now appears of ted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comparing the Florida document number <u>L20000278524</u> .	any were filed on	1/08/2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here	
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	
		2000
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our reco	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of m as provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
Īſ	Changing Registered Agen	t, 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
MGR	Anika Diamez	14243 NW F312 PL	(DAdd
		Miami Jakes, FL 33016	□Remove
			□Change
			□Add
			□Remove
			Change
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Effective date, if other than the date of filing: If one 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 605.0 Mater. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. 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 it filed. Delay 13 th. 2020 Signature of a member or authorized representative of a member	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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 605.0 Mote. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. 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 filed.		
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Dated October 13th 2020 Signature of a member or authorized representative of a member	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	oth day after the
Signature of a member or authorized representative of a member	October 13th 2020	
Signature of a member or authorized representative of a member		
•	Signature of a member or authorized representative of a member	
Anilia Dianez Typed or printed name of signee	Anilla Dianez	

Filing Fee: \$25.00