

K21000082981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

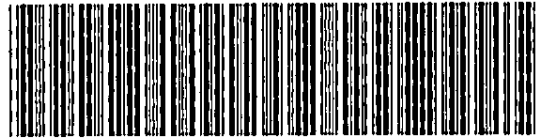
(Document Number)

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07/28/21



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FILED
JUL 11 - 9 AM 11:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 911 SOLUTIONS LLC
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:

OREL COHEN
Name of Person

911 SOLUTIONS LLC
Firm/Company

1731 N 48TH AVE
Address

HOLLYWOOD FL 33021
City/State and Zip Code

ORELCO@BELL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OREL COHEN at 786 470 9648
Name of Person 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

11-9 A 11:20

COHEN

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

911 SOLUTIONS 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 02/18/2021 and assigned Florida document number 21000082981.

This amendment is submitted to amend the following:

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

/
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 ^{new} 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

/
City

/
Florida

/
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>
<u>P</u>	<u>OREL BLEN</u>	<u>1731 N 48th AVE</u>	<input type="checkbox"/> Add
		<u>Hollywood fl. 33021</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>ALAN BRANHA</u>	<u>3131 NE 18th STREET</u>	<input type="checkbox"/> Add
		<u>APT 2601</u>	<input checked="" type="checkbox"/> Remove
		<u>AVENIDA fl 33180</u>	<input type="checkbox"/> Change
<u>AM</u>	<u>OREL BLEN</u>	<u>1731 N 48th AVE</u>	<input checked="" type="checkbox"/> Add
		<u>Hollywood fl 33021</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AM</u>	<u>ALAN BRANHA</u>	<u>3131 NE 18th STREET</u>	<input checked="" type="checkbox"/> Add
		<u>APT 2601</u>	<input type="checkbox"/> Remove ^{DB}
		<u>AVENIDA fl 33180</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

6-11-11

7/6/2021

11-11-94
 A 11:34
 Pursuant to 605.0207
 will not be listed as

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.

member or authorized representative of a firm

ORE / white.

Typed or printed name of signee