

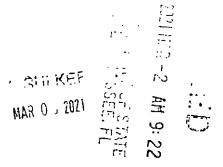
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PICK-UP	WAIT MAI	L
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	o Filing Officer:	





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INC.

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	SOLUTIOINS NOW, LLO	
(CORPORATE NAME AND DOCUM	MENT #)
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PECIAL ISTRUC	TIONS:	

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

SOLUTIONS NOW, LLC

(Name of the Limited Liability Compi (A Florida Limited	uny as it now appears on our records Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000086471</u>	were filed on 02/26/2021	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
NOW SOLUTIONS, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		<u>c</u>
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		- •••
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new register
agent and/or the new registered office address here.		변화 9: 0 교환 2
No. of New Project and America		· 10 2
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	City, Fl	orida
Now Bouletoned Amenale Company of shanging Registered Agen		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>	Address	Type of Action
			□ Add
			□Remove
			
			⊡Add
			□Remove
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	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: It	date, if other than the date of filing:
record d is file	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
Dated _	ARCH 2
	Wait.
	Signature of a number or authorized representative of a member
	HECTOR RICARDO CAIF