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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Q. SILAS		3
APR 1 3 2022		

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations		
SUBJECT: MULTIP	Name of Limited Liability Company	ons, LLC
The enclosed Articles of Amendment at	nd fee(s) are submitted for filing.	
Please return all correspondence concer	ming this matter to the following:	
	ART 120MMEL DE LUMA Name of Person	
MUI	Ltiple Pizivate Lybel Sol	lutions, CCC
775	5.W.148th AVE #1611	
	City/State and Zip Code CEA12+69 W GIATI COIN E-mail address: (to be used for future annual report notification)	
For further information concerning this		
	me (DE LUM 305 522-112 Area Code Daytime Telephone	- Number
Enclosed is a check for the following ar	mount:	
	cate of Status Certified Copy (additional copy is enclosed)	560.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporation The Centre of Tallahasse	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Mutiple Private Label Solutions

FILED

2027 MAR 28 PM 2: 12

(Assure of the Figure (A	A Florida Limited Liab	oility Company)	TALLAF	IASSEE, FL
The Articles of Organization for this Limited Lia Florida document number 2_1000_118	,	ere filed onMs	aizch 12, 20	2 L and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liabilit	y company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability	Company," the desig	nation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applical	ble: _			
(Principal office address MUST BE A STREET	<u>'ADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>O.Y.</u>			
B. If amending the registered agent and/or regagent and/or the new registered office address		iress on our reco	rds, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	KEART	120mmel	DE LUNA	
New Registered Office Address:	775 S.W). 148† h Enter Florida	AVC: #16	11
	<u> </u>	E City	, Florida	33325 Zip Code
New Registered Agent's Signature, if changing Re	gistered 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
MLeiz	KEART Rommel DE LUNG	775.5.00 148th AV #1611, DAVIE FL. 33325	_ LAdd
			Remove
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			∐Remove
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			□Remove
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			□Remove
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