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21 JUL 16 FHI2: 16

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations			
	RT SOLUTIONS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ASHLEY ENGLISH		
		Name of Person	
	AJT EXPERT SOLUTION	NS LLC	
		Firm/Company	
	3830 SW 26 STREET		
		Address	
	WEST PARK/FLORIDA	33023	
		City/State and Zip Code	
	AJTEXPERTSOLUTIONS	-	
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
		at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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		Street Address:	ation
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

And American Commence of the C

AJT EXPERT SOLUTIONS LLC

21 JUL 15 PH 12: 16

(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 03/22/2021 and assigned Florida document number 1.21000132089

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 "LLC."

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

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 = M $AMBR = A$	anager uthorized Member	Address 21 JUL 16 PM12: 16	
<u>Title</u>	<u>Name</u>	Address 21 JUL 16 PM12: 16	Type of Action
			□Remove
			□ Change
			□Remove
			Change
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JAMILA H ENGLISH 49%	OWNWERSHIP	· 查别的基础
ASHLEY ENGLISH 51%	OWNERSHIP	21 JUL 16 PH12: 16
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Affective date, if other than the fan effective date is listed, the date must be lift the date inserted in this blocument's effective date on the D	st be specific and cannot be prior to ock does not meet the applicab	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0207 (se statutory filing requirements, this date will not be listed as to
record specifies a delayed effectived is filed.	e date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
JULY 14 Pated	2021	
	Signature of a member or authorize	red representative of a member
ASHLEY ENGLISH		
	Typed or printed	name of signee

• • •

Filing Fee: \$25.00