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*2021 SEP 14 PH 7: 4

**SECRETARY OF STATE
TALLAHAS SEE, FL

COVER LETTER

TO: Registration Se Division of Cor			•
REZULUT	ION, 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:	
	ROBERTO GONZALEZ		
		Name of Person	
	GONZALEZ ASSOCIATI	ES ACCOUNTING FIRM	
		Firm/Company	
	8270 WEST STATE ROA	D 84	
		Address	
	DAVIE, FL. 33324		
	·	City/State and Zip Code	
	ROGOMEJIA@GMAIL.C		
		to be used for future annual report not	(fication)
For further information of	oncerning this matter, please c	all:	
ROBERT GONZALEZ		786 409-9958 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Addre		Street Address: Registration Sc	ection
Registration Division of C		Division of Co	
P.O. Box 631		The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REZULUTION, LLC		
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records.) (Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{1.21000162338}{1.000162338}$.	y were filed on <u>04/07/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 SE
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
muning unaress SIMT DE ATTOST WITTEE BOXY		<i>m</i> 6
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 registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, 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 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	Maria V. Garcia Vargas	8925 ALEXANDRA CIRCLE	≘ Add
		WELLINGTON, FL. 33414	□Remove
			□Change
			□Add
			ElRemove
			□Change
			□Add
			DRemove
			□Change
			□Add
			□Remove
			□Add
			□Change
			□Add
			□Remove
			□Change

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Effective date, if other than the date of filing: [In 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 0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a factorist of 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 distilled. AUGUST 24 2021 AUGUST 24 2021						
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Signature of a member or authorized representative of a member	AUGUST 24	2021				
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Filing Fee: \$25.00