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COVER LETTER

TO:	Registration Se Division of Cor		els.	
SUBJE		YWORK SOLUTIONS LLC		,
SUBJE	LI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		LORENA MONTIEL		
			Name of Person	- JRL-92-
		RICH&GRACE TAX AN	D ACCOUNTING LLC	
		13303 JADE GARDEN D	R, BLDG 12 - 207	
		· ·	Address	
		ORLANDO, FL 32824		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furth	ner information c	oncerning this matter, please c	ali:	
LOREN	A MONTIEL		407 7563140	Telephone Number L
	Name o	f Person		e Telephone Number
Enclosed	d is a check for ti	ne following amount:		PH T
₩ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Contificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres	.«·	Street Address:	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FA HANDYWORK SOLUTIONS LLC				
(N∎me of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)			
The Articles of Organization for this Limited Liability Compar	ny were filed on May 10, 2021	a	nd assig	ned
Florida document number L21000215870				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or th	e abbreviat	ion "L.L.	<u></u>
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 offic agent and/or the new registered office address here:	e address on our records, <u>enter the n</u>	ame of th		registere
		<u> </u>	2021 JUN	(*)
Name of New Registered Agent:				- 1
New Registered Office Address:		> >	<u>.</u>	
	Enter Florida street address		<u> </u>	
	, Florida		기운 -	
New Registered Agent's Signature, if changing Registered Agen	City	קגל	Coari	

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>	Name	Address	Type of Action
AMBR	ADRIANA MORENO LEAL	9679 AVELLINO AVE. APT 5209	≣Add
		ORLANDO, FL 32819 US	□Remove
			[]Change
			□Add
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neffective date is listed, the date must be te: If the date inserted in this block	specific and of does not me	cannot be prior eet the applic	to date of filing able statutory	or more than 90 filing require:) days after fill ments, this d	ng.rPursua ite will no	ni to 605.020 t be listed a
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ecord specifies a delayed effective d is filed.	ate, but not a	an effective ti	me, at 12:01 a	i.m. on the ear	dier of: (b)	The 90th	day after the
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