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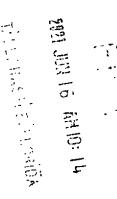
(Requestor's Name)
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: A	A round Plan	Saluted Liability Company	ions UC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ignacio La	mez-Salomon Kame of Person	
	All Around	Mombing Solution Firm/Company	tions UC
	5932 IST	H 5T Address	
	Zephyrhill	S. FL 33.5 City/State and Zip Code	42
	AAPSolutions	to be used for future annual report no	λM
For further information c	oncerning this matter, please c	all:	
Ignacio - Name o	f Person	at (<u>§13</u>) <u>810</u> Area Code Daytii	- 8613 ne Telephone Number
Englosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 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:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	=	The Centre of	-
Tallahassee, I			pe Street, Suite 810

Tallahassee, FL 32303

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

ed Liability Company as it how appears on our records.)
(A Florida Limited Liability Company)

ACI

The Articles of Organization for this Limited Liability Comp		ne 07, 202	and assi	gned
Florida document number L210002108316		'		
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 desig	nation "LLC" or the abl	breviation "L I	C."
Enter new principal offices address, if applicable:			23	
(Principal office address MUST BE A STREET ADDRES.	<u>s</u> ,	;	. <u>-</u>	
			: : : : : : : : : : : : : : : : : : :	
			U'	i.
Enter new mailing address, if applicable:			- 3 - 5	
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
			5	· · · · · · · ·
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our reco	rds, <u>enter the nam</u>	e of the new	registered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida .	street address		<u> </u>
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Ag	gent:			

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
mgiz	Ignacio coper-Salon	on 5932 15th st Zephyrhills 1233542	(1 Add
			□Remove
AMBR	Pedro Velusquez	windoma Fr 33598	Add X
			□Remove
			No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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ective date, if other than the date of filing:	(optional)	
e: If the date inserted in this block does not meet the applicable statu		
ument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 12 is filed.		nn day alter t
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11 line 1174 2021		
ed June 11TH 2021		
ed June 11TH 2021 January Length Signature of a pember authorized repr Ignatio Uner-Sa Typed or printed name of		

Filing Fee: \$25.00