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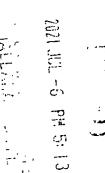


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COVER LETTER

Registration Section Division of Corporations

TO:

	SERVICES LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Picase return all correspo	ondence concerning this matter	to the following:	
	AIXA D AVILES		
		Name of Person	
	EQUINOX SOLUTIONS		
		Firm/Company	
	2800 S ORANGE BLOSS	OM TRL	
		Address	
	ORLANDO, FL 32805		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	A.AVILES@EQ-SO.COM		
	E-mail address: ((to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	1ALLAL
AIXA D AVILES		407 850-7280 at ()	
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:		r ω
S \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)	of Status &
Mailing Addres Registration S Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810)

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABK PRO SERVICES LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>06/24/2021</u>	and assigned
Florida document number 1.21000294095		
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	oility Company," the designation "LL.C" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Entar now mailing address if another black		
Enter new mailing address, if applicable:		··· · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office	address on our records, enter the na	me of the new register
agent and/or the new registered office address here:		202
Name of New Registered Agent:		15.
New Registered Office Address:		
The state of the s	Enter Florida street address	=
	771 t. d .	المساد وي

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.

City

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>	<u>Address</u>	Type of Action
AMBR	MILLAN R. GUILLEN PEREZ	633 LEAR STREET	□Add
		ORLANDO, FL 32809	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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ctive date, if other than the da effective date is listed, the date must be	specific and cannot be prior to date			
 e: If the date inserted in this block ament's effective date on the Depar 		statutory filing requirem	ents, this date will no	it be listed a
cord specifies a delayed effective do filed.	te, but not an effective time, a	t 12:01 a.m. on the earli	ier of: (b) The 90th	day after th
ed <u>6</u> 28	2021			
	Milian R		i	
	William D	10.0 1.0	1. 1	