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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

|           | Registration Se<br>Division of Cor |   |   | ·   |  |  |
|-----------|------------------------------------|---|---|---|--|--|
| SUBJEC    | ADVANCI                            | ED STRUCTURAL SOLUTION                          | ONS LLC   |   |  |  |
| SOBJEC    |                                    | Name of Lin                                     | nited Liability Company   |   |  |  |
| The encle | osed Articles of                   | Amendment and fee(s) are sub                    | omitted for filing.   |   |  |  |
| Please re | turn all correspo                  | ondence concerning this matter                  | to the following:   |   |  |  |
|           |                                    | ANDREI A PERIM                                  |   |   |  |  |
|           |                                    |   | Name of Person  |   |  |  |
|           |                                    | ADVANCED STRUCTU                                | RAL SOLUTIONS LLC   |   |  |  |
|           | Firm/Company                       |   |   |   |  |  |
|           |                                    | 4171 SW 56TH TERRAC                             | E   |   |  |  |
|           |                                    |   | Address   | <del></del>   |  |  |
|           |                                    | DAVIE, FL 33314                                 |   |   |  |  |
|           |                                    |   | City/State and Zip Code   | <del></del>   |  |  |
|           |                                    | ANDREI.PERIM@GMAII                              | L.COM   |   |  |  |
|           |                                    | E-mail address: (                               | to be used for future annual report not                             | ification)  |  |  |
| For furth | er information c                   | oncerning this matter, please o                 | all:  |   |  |  |
| ANDRE     | I A PERIM                          |   | 954 612-2087<br>at ()   |   |  |  |
|           | Name o                             | f Person  | Area Code Daytin  | ne Telephone Number   |  |  |
| Enclosed  | is a check for th                  | e following amount:                             |   |   |  |  |
| \$25.0    | 00 Filing Fee                      | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |
| 1         | Mailing Addres                     | s <u>:</u>                                      | Street Address:   |   |  |  |

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

TO:

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

ADVANCED STRUCTURAL SOLUTIONS LLC (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 07/06/2021 and assigned Florida document number \_ 1.210000306962 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: Enter Florida street 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.

, Florida

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          | DIEGO F SERPA RODRIGUEZ | 6921 ENVIRON BLVD, APT 2T | <b>≡</b> Add   |
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| fective date, if other than to notice the date is listed, the date is listed in this cument's effective date on the | must be specific and cannot be block does not meet the | applicable statutory f   | or more than 90 days aft |   |       |
| ecord specifies a delayed effectis filed.   |  |                          |                          |   | r the |
| ted01/13/   | 21<br>F70  | ng Res                   | 7                        |   |       |
| _   | Signature of a member of                               | or authorized representa | tive of a member         | <del>-</del>                            |       |
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Filing Fee: \$25.00