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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 09/20/2021	-	**WALK IN**
ENTITY NAME LANS S	Solutions LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXXX	Plain Copy Certified Copy Certificate of Status	
***	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY*	*
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINAT NUMBER OF CERTIFICAT		
TOTAL OWED \$25.00	ACCOUNT #: 1201600	,
Please call Tina at th	he above number for any issues or concerns. Thank y	wa so much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF O	
LANS Solutions LLC	2
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{07/06/2021}{}$ and assigned $\frac{6}{6}$
Florida document number L21000308556	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2059 Joshua DR
(Principal office address MUST BE A STREET ADDRESS)	G
	Miami-Dade County US
Enter new mailing address, if applicable:	2059 Joshua DR
(Mailing address MAY BE A POST OFFICE BOX)	Cantonment, FL 32533
	Miami-Dade County US
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr	ee 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
AMBR	Luis Aroche	2059 Joshua DR	□Add
		Cantonment, FL 32533	Remove
		US	∃ Change
AMBR Sissy Vives	Sissy Vives	2059 Joshua DR	
		Cantonment, FL 32533	
		US	
			□Add
		[]Remove	
			□Change
			□Remove
			Change
			□ Add
			☐ Change
			Change
			□Add
			□Remove
			□Change

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Effective date, if other than the diff an effective date is listed, the date must Note: If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 ck does not meet the applicable statutory filing requirements, this date will not be l	605.0207 (isted as t
the record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the early of is filed.	rlier of:
Dated September 20th		
	Luis Aroche	
S	Signature of a member or authorized representative of a member	
Luis Aroche		
	Typed or printed name of signee	

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Filing Fee: \$25.00