## h21000325588

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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	SOLUTION LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GERARDO V REYES CR	RUZ	
	<del></del>	Name of Person	27/3 Daytime Telephone Number    S60.00 Filing Fee,   Certificate of Status & Certified Copy (additional copy is enclosed)
	REYES AC SOLUTION I	LLC	
		Firm/Ceropany	· · · · · · · · · · · · · · · · · · ·
	2305 W SAINT JOSEPH S	A TAA, TS	
		Address	
	TAMPA.FL,33607		
		City/State and Zip Code	<del>.</del>
	paradisearenasblancas2hotn		
		to be u. s.l for future canual report noti	fication)
For further information c	oncerning this matter, please c	all.	
GERARDO V REYES		at (813 ) 993 -	2713
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addres Registration S		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tablahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OLUTION LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited l	ny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited I Florida document number L21000325588	Liability Company	were filed on 07/1	6/2021	and assig	gned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and contain the	words "Limited Liabi	Lev Company," the des	signation "LLC" or the	abbreviation "L.L	.C."
Enter new principal offices address, if appli	cable:	2305 W SAINT J	OSEPH ST		
(Principal office address MUST BE A STRE					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	SAME		2021 AUG 20	
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our re	cords, enter the na	E S	registered
Name of New Registered Agent:	GERARDO V	REYES CRUZ			
New Registered Office Address:	2305 W SAINT	r Joseph St , apt	`A		
		Enter Florid	la street address		
		TAMPA	, Florida _	33607	
		City		Zip Code	

## 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.

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:

۴.

MGR =	Manager	
AMBR =	Authorized Member	

<u>Title</u>	Name	<u>Address</u>	Type of Action
	~		□Add
	N. C.		Remove
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		00/1/0101		
e: If the date inserted	than the date of filing:the date must be specific and cannot d in this block does not meet the e on the Department of State's:	e applicable statutory filing re	(optional) than 90 days after filing.) Pursuan equirements, this date will not	it to 605.02 be listed
filed.	ed effective date, but not an effe			ay after th
ed 08/10/2	Signature of a member			
· /	6	San We Reef	5.	<del></del>
	Signature of a member	i or authorized representative of	i member	

Filing Fee. \$25.00