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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to f	Filing Officer:	
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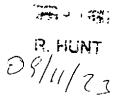
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COVER LETTER

Registration Section

Division of Corporations

O:

UBJECT: Mil		ited Liability Company		
	Amendment and fee(s) are sub	-		
lease return all correspo	ndence concerning this matter	to the following:		
	Aminah	Name of Person		
	_ MINKED	Solutions, LLC	<u>, </u>	
	8910 Mi	ramy Parkwa	y Stc 216 Mi	17ancur,FC 33125
	<u>Miramar</u> Steilarsia	City/State and Zip Code		
	E-mail address	nctor y & amag	cation)	
or further information co	oncerning this matter, please ca	afl:		ēlvi: 2023
Aminah	Tyson	at (<u>954</u>) <u>919 8 Area Code Daytime</u>	865 Telephone Number	SEP 11
nclosed is a check for th	ne following amount:	Jayame Sayame		66 8934 PH 12: 40
□ S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	s &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe	orations Hahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	inv as it now appears on our	records.)		
			1	
ne Articles of Organization for this Limited Liability Company orida document number <u>LZICO03498</u> 76	were filed on AUGU	ST3", 200	<u>기</u> and assigned	
nis amendment is submitted to amend the following:				
If amending name, enter the new name of the limited liab	ility company here:			
e new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbi	reviation "L.L.C."	_
nter new principal offices address, if applicable:	8910 MILLO	enrer PW	Ky	
rincipal office address MUST BE A STREET ADDRESS)	8910 Mira Ste 216			-
	Miramour	<u>, FL33</u>	025	_
iter new mailing address, if applicable:	8910 Miran	mar Pul	i V C r	
failing address MAY BE A POST OFFICE BOX)	Ste 216	109 10	1-9-	-
	Mirancy	FC336	52	-
If amending the registered agent and/or registered office	/		6.0	_
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	nuaress on our records,	enter the name	of the new registe	<u>ered</u>
			3.0.4. 3.0.4.	•,
Name of New Registered Agent:				. .
New Registered Office Address:			- C - C - C - C - C - C - C - C - C - C	 ⊒r:
	Enter Florida street	uddress	N 200	F
		larida		
and Described and the second s	City		Zip Code	
w Registered Agent's Signature, if changing Registered Agent:				
nereby accept the appointment as registered agent and agrousions of all statutes relative to the proper and complete cept the obligations of my position as registered agent as ping filed to merely reflect a change in the registered office mpany has been notified in writing of this change.	performance of my dut. provided for in Chapter	ies, and I am fai 605. F.S. Or. if	miliar with and Tthis document is	

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added rremoved from our records:

AGR = Manager AMBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□ Change
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			□ Add 123 SEST UNISION OF COMPONENT UNISION OF COMP
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ective date, if other the effective date is listed, the te: If the date inserted in ument's effective date o	date must be specific and this block does not to the Department of \$	d cannot be phor to de meet the applicable State's records.	tte of filing or more that statutory filing requ	n 90 days after filing.) I irements, this date w	rill not be listed as
record specifies a d he 90th day after ti	elayed effective one record is filed.	date, but not ar	effective time,	at 12:01 a.m. o	n the earlier o
ed Sptemb	Smean	, 2023 . M.J. member or authorize	d representative of a m	ember	
	Ann	aght.	TONO		

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