## L21000392109

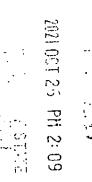
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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations			
	L SOLUTION, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
		•		
Please return all correspo	ondence concerning this matter	to the following:		
	PEDRO RODRIGUEZ			
		Name of Person		
		Firm/Company		
	1130 COURTNEY CHAS	E CIR		
		Address		
	ORLANDO, FL 32837			
	MARYALE17@GMAIL.C	City/State and Zip Code		
	<del>-</del>	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
PEDRO RODRIGUEZ		407 2839792 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of C	Corporations	Division of Co	rporations	
P.O. Box 632			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tallahassee, l	CL 32314	MIOIVI IN CIPS	o outeel, outle ott	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FER TOTAL SOLUTION, LLC

2021 OCT 25 PH 2: 09 (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  $\frac{09/02/2021}{1}$ Florida document number L21000392109 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 "L.L.C." 1130 COURTNEY CHASE CIR Enter new principal offices address, if applicable: ORLANDO, FL 32837 (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.

· 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	OMAIDE ALEJANDRA SOSA	1130 COURTNEY CHASE CIR	<b>■</b> Add
		ORIANDO, FL 32837	□Remove
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ffectiv	ve date, if other than the date of filing	g: (optional)
		d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 meet the applicable statutory filing requirements, this date will not be listed a
ocume	ent's effective date on the Department of S	State's records.
		t an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is file	ed.	
1	OCTOBER 18	2021
oated _	00100014 16	. 2021
	1.	Les Solu gurs member or authorized representative of a member
	Signature	when on the man contains of a mumber

Typed or printed name of signee