

L21000413956

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : 120070000020
Phone : (813)435-3176
Fax Number : (813)333-6358

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Spradlinlaw@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALL UNITED SOLUTIONS LLC

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2025 APR 10 PM 3:37

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALL UNITED 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 09/20/2021 and assigned
Florida document number L21000413956.

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."

Enter new principal offices address, if applicable:

19821 NW 2ND AVE #198 MIAMI GARDENS, FL 33169

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

19821 NW 2ND AVE #198 MIAMI GARDENS, FL 33169

(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:

THE LAW OFFICES OF NICK SPRADLIN, PLLC

New Registered Office Address:

4300 BISCAYNE BLVD. #203

Enter Florida street address

MIAMI

City

, Florida 33137

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	All United Solutions Management LLC	ALL UNITED SOLUTIONS MANAGEMENT LLC	<input checked="" type="checkbox"/> Add
		19821 NW 2ND AVE #198	<input type="checkbox"/> Remove
		MIAMI GARDENS, FL 33169	<input type="checkbox"/> Change
AMBR	BRENDA FERRER	195 NW 147 STREET MIAMI, FL 33168	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALEJANDRO ESTRADA	195 NW 147 STREET MIAMI, FL 33168	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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