L21000441787

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COVER LETTER

TO: Registration S Division of Co			•
SUBJECT:	eau Solution	ns ille	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ashley V	Name of Person	
	Vega So	Firm/Company	
	924 N.	Magnolia Ave	Ste 202 PMB 1314
	Cillanda,	City/State and Zip Code	<u> </u>
	Support ON (E-mail address: (EGASOLUTIONS · US to be used for future annual report not	
For further information of	concerning this matter, please c	all:	
175 hlly Naghe o	of Person J	at (<u>40</u>) <u>342</u> Area Code Daytim	- 5133 e Telephone Number
Enclosed is a check for t	he 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 Address:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iability Company as it now appears on our records.)
Iorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on between 8, 2021 and assigned Florida document number L=21000441787This 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 "LLC." Enter new principal offices address, if applicable: (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.

Cin

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
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		924 N. Magnaia Ave Stc202	□Remove
		Wlando, Fi. 32803	(DChange
BUDBR	magdiel Vega	924N. Magnotiative. Ste	202 Add
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