Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 : (305)541-3980 Phone : (786)713-1940 Fax Number

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

Email	Address:					
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Corporate Filing Menu

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From: TAXLEAF.COM CONTADORMIAMI.COM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DLUTIONS LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears d Liability Company)	un our records,)	
The Articles of Organization for this Limited Liability Compan Florida document number L21000455480		10/10/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lin	bility company here	<u>e</u> :	
The new name must be distinguishable and centain the woods "Limited Liab			alampianian "LLC"
Enter new principal offices address, if applicable:	5537 SHELDON		anovación E.D.C.
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FLORII	DA 33615	
Enter new mailing address, if applicable:	5537 SHELDON		
(Muiling address MAY BE A POST OFFICE BOX)	TAMPA, FLORIC	DA 33615	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:	VALLINA AND	DAUGHTERS LLC	
New Registered Office Address:		OON ROAD STE E	
	Enter Florida	street aildress	
	TAMPA	, Florida	33615
	Cin		Zıp 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.

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

To: +18506176383*

Title	Name	Address	Type of Action
MGR	VALLINA, MARIA V	5537 SHELDON ROAD, STE E	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		TAMPA, FL 33615	□ Remove
			□Change
MGR	MARCOS HADRA	5537 SHELDON ROAD, STE E	Dadd
		TAMPA, FL 33615	
			XiChange
			ClAdd
			□Remove
			- OChange
	A		
			☐Remove
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fective da	ate, if other than the date of i	filing: (optional)
ore, ir the	date inserted in this block does it effective date on the Department	(optional) is and cannot be prior to date of tiling or more than 90 days after filling.) Pursuant to 605.02 not meet the applicable statutory filing requirements, this date will not be listed to State's records.
record spec l is filed.	cities a delayed effective date, but	t not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	DECEMBER 6TH	2021
		(LACO O(LOCO)