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22 HRR -1 FH 3: 21

T. MATTHEWS MAR - 8 2022

COVER LETTER

TO: Registration Division of C	Section Corporations		
	IONS ASDELTA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	SHAWILDA VELASQUE		
		Name of Person	
	SOLUTIONS ASDELTA	LLC	
	····	Firm/Company	
	19370 COLLINS AVE 10		
		Address	
	SUNNY ISLES BEACH,	F1, 33160	
		City/State and Zip Code	
	USTUEMPRESA@GMAII	L.COM to be used for future annual report no	itication)
For further information	on concerning this matter, please c		
SHAWILDA VELAS	SQUEZ	786 340-0372 at ()	
Nar	ne of Person	Area Code Daytii	me Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fed	e S30.00 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)
<u>Mailing Ad</u> Registrati	dress: on Section	<u>Street Address:</u> Registration S	ection
Division o	of Corporations	Division of Co	orporations
P.O. Box Tallahassa	6327 ee. FL 32314	The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLUTIONS ASDELTA LLC			ec mak -1 pi
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on ou liability Company)	records.) FH 3: 21
he Articles of Organization for this Limited I		were filed on 11/15/202	and assigned
orida document number L21000490757			
nis amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name of	of the limited li <u>ab</u>	ility company here:	
A			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		NA	
Principal office address MUST BE A STRE	ET ADDRESS)		
		-	
nter new mailing address, if applicable:		NA	
Mailing address MAY BE A POST OFFICE	E BOX)		
. If amending the registered agent and/or	K.*	address on our records	, enter the name of the new regist
gent and/or the new registered office addre	ess here:		
	r 12081 s brock s	MALINTA	
Name of New Registered Agent:	LEONARDO MOLINA		
New Registered Office Address:	18117 BISCAY	'NE BLVD 3112	
		Enter Florida stre	rt address
	AVENTURA		Florida 33160
		Ciţy	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.

Leonardo Wolina
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
MGR	SHAWILDA VELASQUEZ	19370 COLLINS AVE. 1014	□Add
		SUNNY ISLES BEACH, FL 33160	≡ Remove
			□Change
MGR	LEONARDO MOLINA	19370 COLLINS AVE 1014	≣ Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			□Change
AMBR	ASNARDO VILLARROEL	19370 COLLINS AVE 1014	
		SUNNY ISLES BEACH, FL 33160	Remove
			□Change
NA	NA	NA	□Add
			□Remove
			□Change
NA NA	NA	NA -	
			□Remove
		-	□Change
NA NA	NA	NA	□Add
			□Remove
			□Change

Page 2 of 3

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