To:



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000435202 3)))



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

From:

Tar

Account Name	: VORAUS SSO LLC
Account Number	: 120220000166
Phone	: (321)732-2022
Fax Number	: (407)577-3447

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

Email Address:___

22 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2022 DEC 28 č EDGEWEST SOLUTIONS LLC Certificate of Status 0 2, Certified Copy 0 PΗ Page Count 2822 DE . 01 بې Estimated Charge \$25.00 မ္တ

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CEC 28 2022

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14075773447

COVER LETTER

TO: **Registration Section Division of Corporations**

EDGEWEST SOLUTIONS LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AGUILAR BIANCHI, REINALDO JOSE

Name of Person

EDGEWEST SOLUTIONS LLC

Firm/Company

3115 HOUNDSWORTH CT APT 402

Address

ORLANDO, FL 32837

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AGUILAR BIANCHI, REINALDO JOSE _ at (_____) <u>805-8542</u> Area Code Dayl Name of Person Daytime Telephone Number

Enclosed is a check for the 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 Tallaliassee, FL 32303

2022-12-28 18:39:28 GMT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDGEWEST 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 11/29/2021 and assigned

Florida document number L21000504433

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 "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:			2022 D,	
New Registered Office Address:			EC 2	<u>بر</u> بر
	Enter Florida street address		<u>-</u> œ	
	, Florida		ΡH	687 687
	liy	Zip C		<u>C</u> _
New Registered Agent's Signature, if changing Registered Agent:			ယ္ဆ	

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

, If amonda	Page. 5 of 6	2022-12-28 18:39:28 GMT	14075773447	From. ELSY OLIVAR
OF removed	g Authorized Person(s) author: <u>Hrom our records</u> :	ized to manage, <u>enter the title,</u>	name, and address of e	ach person being added
MGR = M				
<u>Title</u>	Name	Address		Type of Action
AMBR	ORTIZ VILORIA, JUAN CAI		TH CT APT 402	
		ORLANDO, FL 3283		
				-
				-
				-
		a	······································	🗆 Change

To:

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

tive date, if other than the date of filing:	
fective date is listed, the date must be specific and cannot be prior	6 date of filing or more than 90 days after filing.) Pursuant to 605, bble statutory filing requirements, this date will not be liste

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 28	2022			
Jore	2 Leinaldo Signature of a member or au	Aquilar thorized representative	Bianchi	
JOSE REINALDO AGU	ILAR BIANCHI			

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Typed or printed name of signee