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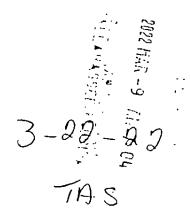
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of C	Corporations				
	NERAL SOLUTIONS LLC				
SUBJECT:	Name of Lir	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corre	spondence concerning this matter	r to the following:			
	LIMA FERREIRA, RON	ALDO JUNIO			
		Name of Person			
	RJL GENERAL SOLUT	IONS LLC			
	 	Firm/Company			
	3550 NW 8TH AVE, AP	T 515			
		Address	11122, 721		
	POMPANO BEACH, FL	33064			
		City/State and Zip Code	·····		
	rjlfferreira@gmail.com				
		(to be used for future annual report not	ification)		
For further information	on concerning this matter, please	call:			
LIMA FERREIRA, RONALDO JUNIO		561 485-8811			
Nam	ne of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for	or 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 Add Registratio	on Section	Street Address: Registration Se Division of Co			
Division of Corporations P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJL GENERAL 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 ______01/03/2022 and assigned Florida document number _____L22000008938 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: (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.

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Name	Address	Type of Action
AMBR	LUCIMARA P LIMA FERREIRA	3550 NW 8TH AVE, APT 515	□Add
		POMPANO BEACH, FL 33064	■Remove
			□Change
			□Add
			□ Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the a nument's effective date on the Department of State's rec	prior to date of filing or no oplicable statutory filin	option (option ore than 90 days after for requirements, this	nal) iling.) Pursuant to	605.0
ecord specifies a delayed effective date, but not an effect	ve time, at 12:01 a m	on the earlier of: (b)	The 90th day :	after t
is filed.				
February 9 2022				
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X INDIVIDUAL TO THE TOTAL TOTAL TO THE TOTAL		7011		- '
Signature of a member of	authorized representative	of a member		•

Filing Fee: \$25.00