11/6/23, 6:18 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone : (305)803-2736 Fax Number : (305)646-1527

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

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A & A QUALITY SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		SOLUTIONS, LLC			
(Name of the Lin	nited Liability Comp. (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)	<del></del>	
The Articles of Organization for this Limited Florida document number 1.22000019186	Liability Company	were filed on 01/18/2022		and assigned	
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liah	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company." the designation "L	LC" or the abbrevi	ation "L.L.C."	
Enter new principal offices address, if appl	icable:	8851 FONTAINEBLEAU P	BLVD		
(Principal office address MUST BE A STRE	ET ADDRESS)	APT #403			
		MIAMI, FL. 33172			
Enter new mailing address, if applicable:		8851 FONTAINEBLEAU B	LVD		
(Mailing address MAY BE A POST OFFICE BOX)		APT #403			
		MIAMI, FL. 33172			
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office a	address on our records, <u>ente</u>	er the name of t	the new registered	
Name of New Registered Agent:	ALBE BRAVO	)			
New Registered Office Address:	8851 FONTAIN	NEBLEAU BLVD APT #403			
		Enser Florida street addi	·cs:	——————————————————————————————————————	
	MIAMI	, I	Florida 33172	<del>-</del>	
		City	Zij	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.

If Changing Registered Agent, Signature of New Registered Agent

De p

## 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	VANESSA SANCHEZ	8851 FONTAINEBLEAU BLVD	
		APT #303	
		MIAMI, FL. 33172	□Change
AMBR	ALBE BRAVO	8851 FONTAINEBLEAU BLVD	<b>∄</b> Add
		APT #403	ΩRemove
		MIAMI, FL. 33172	□Change
			□Remove
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			☐Add
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