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Special Instructions to F	iling Officer:	



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T. MATTHEWS

JUL 27 2022

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

MONEY SOLUTIONS IO 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:

Augusto Ubaldo

Name of Person

MONEY SOLUTIONS IO LLC

Firm/Company

111 E Washington Street #1714

Address

Orlando, FL 32801

City/State and Zip Code

kqhype@gmail.com

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

For further information concerning this matter, please call:

 Augusto Ubaldo
 954
 994-9561

 at (_____)

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO SUCKLIARY OF STATE ARTICLES OF ORGANIZATION OF CORPORATIONS OF 22 MAY 24 AM ID: 51

MONEY SOLUTIONS IO 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 $\frac{01-26-2022}{1-26-2022}$ and assigned Florida document number $\frac{L22000046840}{1-26-2000046840}$.

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, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida street a	uldress
		_, Florida
	City	Zīp 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	CICCIA, HALEY	111 E WASHINGTON STREET #1714	🗆 Add
		ORLANDO, FL 32801	Remove
			[]Change
MGR	Tyler Velasco	HTE WASHINGTON STREET #1714	• Add
		ORLANDO. FL 32801	🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Effec	tive date, if other than the date of filing:
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<u>Note:</u> docur ne reco	The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as inent's effective date on the Department of State's records. In a 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
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