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PICK-UP] WAIT		MAIL
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COVER LETTER

то:	Registration Se Division of Cor			•	
SUBJE		· / , ,	gent Solutions hited Liability Company	LLC	
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please i	eturn all correspo	indence concerning this matter	r to the following:		
			ASON Roy Name of Person		
		1704 N	Firm/Company arrow Creck Ca Address	ove	2022 NOV 28
		<u>Viceville</u>	FL 32578		
		E-mail address	City/State and Zip Code Condy 73 @ 9 m (to be used for future annual report notifi	iail, com	AH 10: 23
For furt	her information c	oncerning this matter, please o			
	JA SUN I Name o	COV f Person	at (<u>901</u>) <u>270-</u> Area Code Daytime	49 74 Telephone Number	_
Enclose	ed is a check for th	ne following amount:			
□ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional copy	f Status & Py
	Mailing Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Cor		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
:Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	lutions UL	
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 4220000,54338	were filed on Feb 1, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ons LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbr	eviation "LLC."
Enter new principal offices address, if applicable:		$\frac{2}{5}$ -7
Principal office address MUST BE A STREET ADDRESS)		-
		<u> </u>
Enter new mailing address, if applicable:		10.
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	<u>ω</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the name	of the new registered
Name of New Registered Agent:	_	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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, 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
AmbR	Larry Pereiro	1621 Pine Valley Way	□Add
	ľ	Henryville, IN. 47126	Remove
			□Change
Ambr	Rener Parris	2121 Boycott trail Hillsborough, NC. 272	□Add
		Hillsborough, NC. 272	12 Remove
			□Change
Ambr	Timothy Bocker	11811 NE 47th St.	
	,	Vancouver, WA. 9868:	2_ □Remove
			EChange
			ZChange FT
		1 ·	Removed
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	·		□Add
			□Remove
			□Change
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			□Remove
			□Change

Effective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I document's effective date on the Department of State's records. Exercord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day and is filed. Dated [ADAL 22] [Signature of a member or authorized typesentlative of a member.]	_
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