L22000169135

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COVER LETTER

	OLUTIONS, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOHNNY IRIZARRY		
		Name of Person	2022
	Division of Corporations MIA 112 SOLUTIONS, LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. Business return all correspondence concerning this matter to the following: JOHNNY IRIZARRY Name of Person BUSINESS SOLUTIONS CIBNTER Finn/Company 3251 NW 197H ST Address MIAMI, FL 33125 City/State and Zip Code mycreditpro@hotmail.com E-mail address (to be used for future annual report notification) Further information concerning this matter, please call: IINNY IRIZARRY Name of Person 4 202 679-5626 Area Code Daytine Telephone Number closed is a check for the following amount: 8 225.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee		
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	3251 NW 19TH ST		SSE
		Address	
	MIAMI, FL 33125		7a 2 0
		City/State and Zip Code	<u></u>
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12 - Easter in Compaign			tification)
	oncerning this matter, prease c		
		at ()	
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
		——————————————————————————————————————	
		The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIA 112 SOLUTIONS, LLC		
(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	were filed on 04/08/2022	and assigned
Florida document number L22000169135		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
9065 NW, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company." the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	355 W 77TH ST	
(Principal office address MUST BE A STREET ADDRESS)	APT. 304	202
	НІАЦЕАН, FL 33014	> <u>.</u> 22
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		UN 27 AMII: 20
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent: JOHA	UNY IRIZAR	CRY
New Registered Office Address: 325	Enter Florida street address	
^	City., Flor	ida 33/25 Zip 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

. 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>	<u>Address</u>	Type of Action
AMBR	MARIA ALZATE MONTOYA	355 W 77TH ST	= Add
		APT. 304	
		HIALEAH, FL 33014	□Change
			□Remove
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			2022 Jul Add 7
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			Change 2022 JUN 27 Remove 1ALL AHAS SEE, File Change
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ffective date, if other than an effective date is listed, the date tote: If the date inserted in the	is block does not	t meet the applical	o date of filing or mo	(option of the control of the contro	filing.) Pursua	nt to 605.020 t be listed a
ocument's effective date on the	ie Department of	f State's records.				
record specifies a delayed effi is filed.	ective date, but n	ot an effective tin	ne, at 12:01 a.m. o	n the earlier of: (b) The 90th	day after the
JUNE 23		2022				
pated		· 	- /			
			<u> </u>	<u> </u>		
	Signature of	a member or author	ed representative of	n a memoer	_	
Joh		/	\sim	iven S	- /) ^	_

Filing Fee: \$25.00