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(Re	questor's Name)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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S. CHATHAM SEP 3 0 2022



COVER LETTER

FO: Registration So Division of Cor		<u>,</u>	
SUBJECT: S	oluziones E	xpress LLC.	· ·
		ted Lability Company	<u></u>
The analogue Agricles of	Amendment and fee(s) are subt	nitted for filling	
		-	
Please return all correspo	ondence concerning this matter t	to the following:	
	Sindy F	Name of Person	
		Firm/Company	
	1876 Nu	5 Street	
	Miami	FL 33142 - City/State and Zip Code	
	Sirdy fic.	FL 33142 - City/State and Zip Code veroa 420 yahoo o be used for future armual teport notifi	cation)
For further information of	concerning this matter, please ca	ill:	
Somety to	QULYD A Officeson	at () 78% Area Code Daytime	-6197115. Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25,00 Filing Fee	S30,00 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	tion
D: : : : 0.0	5	rst tit eerst	

Registration Section
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

Solveiones Expr	<u>CS 5.</u>	
(<u>Name of the Limited LiaBility</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 06 01 02	and assigned
Florida document number <u>L7206</u> 0251397		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	: abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRE	<u> </u>	18.00 18.00 18.00
		<u> </u>
Enter new mailing address, if applicable:		11 POS
(Mailing address MAY BE A POST OFFICE BOX)		* 2 : 2
		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	ame of the new registers
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	Florida	
	City	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 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
MER	Sindy Figueroa	1876 Nw 31 Street Miami Fl 33142.	Ndd
		Miami Fl 33142.	Remove
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fective date, if other than n effective date is listed, the date	must be specific ar	nd cannot be prior	to date of filing or	more than 90 days a	stional) fter filing.) Pursua	int to 605.02
ote: If the date inserted in thi cument's effective date on th			ible statutory fil	ing requirements,	this date will no	t be listed a
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ecord specifies a delayed effe	etive date, but no	ot an effective ti	ne, at 12:01 a.m	, on the earlier of:	(b) The 90th	day after th
is filed.						
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		. <u>2007 </u>	<u> </u>			
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