L22000278962

	(Requestor's Name)				
	(Address)				
<u> </u>	(Address)				
<u></u>	(City/State/Zip/Phone #)				
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	(Document Number)				
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1.		AR SOLUTIONS LLC	
		(CORPORATE NAME AND DOCUMEN	Τ #)
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COVER LETTER

TO: Registration S Division of Co							
. AR SOLU	TIONS LLC						
SUBJECT:	Name of Lin	nited Liability Company	·				
Please return all correspondence	ondence concerning this matter	to the following:					
	EKATERINA KISSELEV	'A					
		Name of Person					
	EGK SOLUTIONS LLC						
		Firm/Company					
	7901 4TH STREET NOR	TH. STE 325					
		Address					
	ST. PETERSBURG , FL 3	33702					
		City/State and Zip Code					
	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. EKATERINA KISSELEVA Name of Person						
For further information of		-	iffication)				
EKATERINA KISSELE							
<u> </u>		at ()					
Name C	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 & Certified Copy				
Mailing Address Registration	Section	Registration Se					
Division of C P.O. Box 632	•	Division of Corporations The Centre of Tallahassee					
Tallahassee, 1			pe Street, Suite 810				

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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AR SOLUTIONS LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	records.)TALLAHASSEE
The Articles of Organization for this Limited Liability Company v. Florida document number 1.22000278962		- · · · · ·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
A&R SOLUTION LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designatio	n "LLC" or the abbreviation "L.L.C."
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 adagent and/or the new registered office address here:	dress on our records,	enter the name of the new registered
agent and/of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my duti ovided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			🗆 Adđ
			□Remove
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	11/30/2022			 ·-		·						
Dated ₋												
Dated _.			Signatur	re of a mer	nber or auth	orized rep	resentative	of a memb	er	<u>-</u>		

Filing Fee: \$25.00