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| Special Instructions to | Filing Officer: |
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

| | AL SOLUTIONS LLC | | |
|----------------------------|---|---|--|
| SUBJECT: | Name of Limit | ed Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are subn | nitted for filing. | |
| Please return all correspo | ondence concerning this matter t | o the following: | |
| | MR. JULIO ALEMAN | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 132 RIVER BANK ROAD | | |
| | | Address | |
| | FUQUAY-VARINA, NC 2 | 7526 | |
| | | City/State and Zip Code | |
| | julio@integrityfes.com | be used for future annual report no | vition in \ |
| For further information of | concerning this matter, please ca | | arreation) |
| Mr. Julio Aleman | | 954 839-4578 | |
| Name o | of Person | at () Area Code Dayti | me Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 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 Addres | | Street Address: | aution. |
| Registration Division of C | | Registration S Division of Co | |
| P.O. Box 632 | | The Centre of | - |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| R H NAVAL SOLUTIONS LLC | | |
|---|--|-----------------------|
| (Name of the Limited Liabili (A Florida | ty Company as it now appears on our records.) Limited Liability Company) | |
| he Articles of Organization for this Limited Liability C | Company were filed on JULY 01, 2022 | and assigned |
| lorida document number | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limi | ited liability company here: | |
| he new name must be distinguishable and contain the words "Limi | ited Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| inter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDR | (ESS) | P - 3 |
| | | 1.2 |
| | | |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | ့ မ |
| 3. If amending the registered agent and/or registered gent and/or the new registered office address here: | l office address on our records, <u>enter the na</u> | ame of the new regis |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | Ciţ | 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> | Address | Type of Action |
|--------------|-------------------------|--|-------------------|
| MGR | CARLOS R RAMIREZ HERNAN | | □Add |
| | | 25 NE 5th Street, Apt 4302, Miami FL 33132 | \exists Remove |
| | | | □ Change |
| MGR | JONATHAN M RAMIREZ HERN | | 🗀 Add |
| | | 25 NE 5th Street, Apt 4302, Miami FL 33132 | Remove |
| | | | □ Change |
| MGR | CARLOS BADEL PENA | 6400 NW 114th AVENUE #1107 DORAL FL 3317 | 8 ≡ Add |
| | | | □Remove |
| | | · | Change |
| | | | □Add |
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| | | *********** | Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| Effective date, if other than the date of filing: If 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 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records. The record 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 rd is filed. Dated Time 25 , 2024 Signature of a member or authorized representative of a member | | |
|--|--|---------------|
| Effective date, if other than the date of filing: | | |
| Effective date, if other than the date of filing: | | |
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| Effective date, if other than the date of filing: | | |
| Effective date, if other than the date of filing: (optional) If 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 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The record 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 rid is filed. | | |
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| id is fried. | document's effective date on the Department of State's records. | |
| to is filed. | | |
| Dated June 25 , 2024 Signature of a member or authorized representative of a member | e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t | .he |
| Dated June 25 , 2024 . Signature of a member or authorized representative of a member | | |
| Signature of a member or authorized representative of a member | Dated June 25 2024 | |
| Signature of a member or authorized representative of a member | t PP | |
| Signature of a member or authorized representative of a member | X Justine S | |
| | Signature of a member or authorized representative of a member | |

Filing Fee: \$25.00