4/10/23, 3:48 PM

To:

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLL BUSINESS SOLUTION CORP

Account Number : I20190000092 : (754)202-8663 Phone Fax Number : (786)636-3620

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: FLLbusiness@outlook.com

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#### **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		

H23000134016 3

Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    XIANNY CHINCHILLA	TEAM DES			
Please return all correspondence concerning this matter to the following:    Name of Person	SOBJECT:	Name of Lim	ited Liability Company	
Name of Person   FILL BUSINESS SOLUTION CORP   Firm*Company	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Name of Person	Please return all correspo	ondence concerning this matter	to the following:	
FILE BUSINESS SOLUTION CORP  Firm:Company  8350 W STATE ROAD 84  Address  DAVIE, FLORIDA 33324  City/State and Zip Code  FLUbusiness@outlook.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  XIANNY CHINCHILLA  Name of Person  Total act (100 payment lelephone Number)  Sinclosed is a check for the following amount:  Registration Section Division of Corporations  StreetAddress:  Registration Section Division of Corporations		XIANNY CHINCHILLA		_
Signature   Sign			Name of Person	
Address  DAVIE, FLORIDA 33324  City/State and Zip Code  FLLbusiness@outlook.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  XIANNY CHINCHILLA  Name of Person  Name of Person  Area Code  Daytime Lelephone Number  S25,00 Filing Fee  Certificate of Status  Certified Copy (radditional copy is enclosed)  MailingAddress: Registration Section Division of Corporations  StreetAddress: Registration Section Division of Corporations  Division of Corporations		FLL BUSINESS SOLUTION	ON CORP	
Address  DAVIE, FLORIDA 33324    City/State and Zip Code			Firm/Company	<del></del>
DAVIE, FLORIDA 33324    City/State and Zip Code		8350 W STATE ROAD 84	l	
City/State and Zip Code    FLLbusiness@outlook.com			Address	<del></del>
FLLbusiness@outlook.com  E-mail address; (to be used for future annual report notification)  For further information concerning this matter, please call:  XIANNY CHINCHILLA  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address; Registration Section Division of Corporations  Street Address: Registration Section Division of Corporations		DAVIE, FLORIDA 33324		
E-mail address; (to be used for future annual report notification)  For further information concerning this matter, please call:    XIANNY CHINCHILLA   754   202866.3     Name of Person   Area Code   Daytime Telephone Number			City/State and Zip Code	
Signature   Sign		-		
Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array}{l} \		E-mail address: (	to be used for future annual report notifi-	cation1
Name of Person  Area Code  Daytime Telephone Number  Area Code  Daytime Telephone Number  Daytime Telephone Number  Daytime Telephone Number  Daytime Telephone Number  S55.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status  Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  MailingAddress;  Registration Section  Division of Corporations  Division of Corporations	For further information c	oncerning this matter, please co	all:	
Enclosed is a check for the following amount:  \$\Bigsize \text{S55.00 Filing Fee} \text{S55.00 Filing Fee} \text{S60.00 Filing Fee}. \text{Certified Copy Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{StreetAddress:} \text{Registration Section} \text{Registration Section} \text{Division of Corporations} \text{Division of Corporations}	XIANNY CHINCHILLA	<b>\</b>	754 2028663	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy radditional copy is enclosed)    MailingAddress: Registration Section Division of Corporations   S55.00 Filing Fee & S60.00 Filing Fee.	Name o	f Person	Area Code Daytime	Lelephone Number
Certificate of Status  Certified Copy (Certified Copy (additional copy is enclosed)  MailingAddress: Registration Section Division of Corporations  Certified Copy (additional copy is enclosed)  StreetAddress: Registration Section Division of Corporations	Enclosed is a check for the	ne following amount:		
Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
P.O. Box 6327 The Centre of Tallahassee	Registration S Division of C	Section Orporations	Registration Sect Division of Corp	orations
Tallahassee, Fl. 32314 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

To:

H23000134016 3

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Linhility Compar	ov as it now appears on our	r recards )		
1	(A Florida Limited L	ny as it <b>now appears on our</b> inbility Company)	7.7.7.033/		
The Articles of Organization for this Limited I Florida document number L22000333644	iability Company	were filed on <u>07/28/202.</u>	2	and assig	gned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liabi	lity company here;			
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designation	on "LLC" or the abbrev	iation "L.L	.C."
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	BOX)		<del></del>		
		· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/or	1,	ddress on our records.	, enter the <u>name of</u>	the new	registered
agent and/or the new registered office addre	ess here:			20	
Name of New Registered Agent:	FLL BUSINESS	SOLUTION CORP		- <del> </del>	
New Registered Office Address:	8350 W STATE	ROAD 84		ارد —	
	-	Enter Florida stree		0	1
	DAVIE	-	, Florida 33324		
		City	7		
New Registered Agent's Signature, if changing	Registered Agent:			29	

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.

Xianny Chinchilla
If Changing Registery 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

## H23000134016 3

Title	<u>Name</u>	Address	Type of Action
MGR	MARIA T. MARTINEZ SANCHE	3640 YACHT CLUB DR UNIT 1503	<b>=</b> Add
First Name	NT NOTE: : Martinez Sanchez : Maria	AVENTURA, FL. 33180	
Middle Nan	ne: Teresa		□Change
			□ Add
			□Remove
			□Change
			□Add
			□ Add
			□ Remove
			□Change
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Effective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be prior to does not meet the application.	to date of filing or more able statutory filing re	(optional) than <sup>90</sup> days after filing.) Pur equirements, this date will	suant to 605,0207 not be listed as
precord specifies a delayed effective da d is filed	te, but not an effective to	no, at 12:01 a.m. on t	he earlier of (b). The 90	oth day after the
	2023			
Dated APRIL 10TH		<del>_</del> `	Sanchez	

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