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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 : (407)932-0040 Phone Fax Number : (407)520-5473

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

Email Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AAG SOLUTION SERVICES LLC

K. SALY SEP 23 2025

Certificate of Status	0
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Page Count	05
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Help

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJEC		ITION SERVICES LLC		
SUBJE	∪1: <u></u>	Name of Limi	ted Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		ACOSTA, ALEJANDRA		
			Nume of Person	
		AAG SOLUTION SERVICE	CES LLC	
			Firm/Company	
		2018 GATLIN AVE		
			Address	
		ORLANDO, FL 32806		
			City/State and Zip Code	
		Alejandra070898@gmail.co	om to be used for future annual report noti	fication)
For furt	her information c	oncerning this matter, please of		,
Alejand	lar Acosta		689 2515689	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	ne following amount:		
≡ \$ 25	5.00 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 Address Registration	Section	Street Address: Registration Se Division of Co	ection

Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MESSEP 22 PM 2:59

MALLAMASSITIFLORIO,

AAG SOLUTION SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Florida document number L22000536270	Liability Company were filed	on 12/23/2022 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compa	iny here:
The new name must be distinguishable and contain the	words "Limited Liability Company.	"the designation "LLC" or the abbreviation "L.L.C."
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: ACOSTA, ALEJANDRA 2018 GATLIN AVE		
(Principal office address MUST BE A STRE	ET ADDRESS)	
B. If amending the registered agent and/or	registered office address on o	our records, <u>enter the name of the new registe</u> s
Name of New Registered Agent:	ACOSTA, ALEJANDRA	
New Registered Office Address:	2018 GATLIN AVE	
	Ente	er Florida street address
	ORLANDO	, Florida ³²⁸⁰⁶
	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 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	<u>Address</u>	Type of Action
			□Add
			□ Remove
			Octange
			TO Add R
			□ Remove
			□ Change □ Change □ Change
			□Add
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Effective date, if other than	the date of filing: - must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
Tote: It the date machina in the	is block does not meet the applicable statutory filing requirements, this date will not be listed as to Department of State's records.	(3)(b) :he
rountent b offeetive date off th	to Department of State 5 records.	
record specifies a delayed effe d is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
09/22	2025	
Dated 7722		
Dated		
Dated	Signature of a member of adthorized representative of a member	

Filing Fee: \$25.00