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COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration Solvision of Co			
SUBJEC		TED SMART SOLUTIONS L	LC	
SUBJEC	~ I ·	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		SUSANA GARCIA HER	NANDEZ	
			Name of Person	
		AUTOMATED SMART S	SOLUTIONS LLC	
			Firm/Company	
		1905 NW 79TH AVE		
			Address	
		MARGATE / FLORIDA	33063	
			City/State and Zip Code	* ************************************
		AUTOMATEDSOLUTION	S3020@GMAIL.COM	
		E-mail address: (to be used for future annual report not	lification)
For furth	er information of	concerning this matter, please c	all:	
SUSAN	A GARCIA HE	RNANDEZ	786 424 1738	
	Name (of Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for t	the 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 Addre		Street Address:	aution.
	Registration Division of C		Registration So Division of Co	
	P.O. Box 632		The Centre of	-

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Liability Company were filed on 01/23/2023 and assigned Florida document number 1.23000041328

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:

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

	City	Zip Code
		, Florida
New Registered Office Address:	Enter Florida street aa	ldress
Name_of New Registered Agent:		

New Registered Agent's Signature, if changing Registered Agent:

AUTOMATED SMART SOLUTIONS LLC

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>	<u>Address</u>	Type of Action
AMGR	ROMAN GARCIA HERNANDEZ	1905 NW 79TH AVE	
		MARGATE, FLORIDA 33063	□Remove
			□Add
			Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		□Add
		 	□Remove
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Note: If the	date, if other than the date of filing:	605.0207 listed as
record spe d is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day (after the
AUC	SUST 01 2024	
	Q. I	
-	Signature of a member or authorized representative of a member	-
	USANA GARCIA HERNANDEZ	
•	Typed or printed name of signee	_

Filing Fee: \$25.00