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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AB ALL SERVICES INC

Account Number : I20200000155 Phone

: (305)882-1238

Fax Number

: (305)882-1260

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D GONZALEZ SOLUTIONS LLC

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S. ROBERTS

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COVER LETTER `

	Registration Se Division of Col			
CUBIE	D GONZA	LEZ SOLUTIONS LLC		•
SUBJEC	-l:	Name of Lin	nited Liability Company	
The enci-	osed Articles of	Amondment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		YOISY GONZALEZ		
		·	Name of Person	_
			Firm/Company	
		17405 NW 75 PL UNIT 2	02	
			Address	
		HIALEAH FL 33015		
		YOISYGONZALEZ1@GN	City/State and Zip Code AAIL.COM	
For firth	er information c	E-mail address: oncerning this matter, please c	to be used for future annual report no	otification)
	GONZALEZ	oncerning this matter, prease c	786 795-1071	
	Name o	f Person	at ()	ime Telephone Number
Enclosed	l is a check for th	he following amount:		
□ \$25.4	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5		Street Address: Registration S	ection
	Division of C P.O. Box 632	Corporations	Division of Co The Centre of	orporations
	Tallahassee, l			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records Liability Company)	<u>,, , , , , , , , , , , , , , , , , , ,</u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000049905</u>	were filed on 01/26/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ulity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		. <u></u>
		1
Enter new mailing address, if applicable:		3
(Mailing address MAY BE A POST OFFICE BOX)		ب-
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
Nam Baristan d Amerika Cimeratura 16 shamata 25 sets	•	ZIP Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as t	performance of my duties, and	d I am familiar with and

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
AMBR	YANCARLOS CARRION	17405 NW 75 PL UNIT 202 HIALEAH FL 33015	□Add
			🗏 Remove
			DChange
			🗆 Add
			□Remove
			Change
			□Add
			DRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		 	
			□Add
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<u> 1e:</u>	ive date, if other than the date of filing:
ecor is fil	d 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 led.
ted	0707/2023
	Signature of a member or authorized representative of a member
	YOISY CONZALEZ

Filing Fee: \$25.00